DE - Two Patient Identifiers

PURPOSE:
Standardizing specimens that are sent from clients and/or hospitals that need ordering. The client/hospital must have two forms of identifying the patient in order to maintain patient security.

POLICY:
To provide standardization of verifying patient information by implementing two forms of identification in order to maintain patient safety and eliminate mislabeled specimens.

SUPPLIES:
A. requisition from client and/or hospital
B. labels located on requisition
C. miscellaneous tubes

PROCEDURE:
A. Primary specimen containers are labeled by at least 2 patient identifiers. Examples of acceptable identifiers include but are not limited to:
   1. Patient first and last name
   2. Date of birth
   3. Social security number
   4. Medical record number
   5. Requisition number (located on label pre-printed on requisition) or accession number.
B. Collecting Specimens:
   1. Staff will label specimen at time of collection
   2. Staff will need to include two forms of patient identification on the specimen at this time.
   3. Computer generated labels if available, along with date/time and collectors initials.
   4. If computer labels are not available, handwrite patient's first name and last name, date of birth, date and time of collections and collectors initials.
   5. The exception for requiring two patient identifiers is Chain of Custody Drug Screens. When registering chain of custody drug screens refer to procedure DE- REGISTERING CHAIN OF CUSTODY DRUG SCREENS for instructions on correct information needed and registration process.
   6. Send specimen to laboratory for processing.
C. **Two forms patient identification is not given**

1. If two forms of patient is not given a specimen comment must be added.
2. Click on comment under specimen tab, hit F5 for canned comments
3. Canned comment |#2PA “Specimen accepted with only a single identifier. For patient safety and to meet accreditation requirements, proper identification requires the use of two unique patient identifiers.” Must be added to order.

**RELATED DOCUMENTS:**

Problem Bucket Procedure

**REVISIONS:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason for Revision/Revised by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/28/2011</td>
<td>Keri Decanter – new format</td>
</tr>
<tr>
<td>12/23/13</td>
<td>Deleted adding a problem to notify client.</td>
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Hard copies of this document must be destroyed at end of shift.

**Attachments:**

No Attachments

**Approval Signatures**

<table>
<thead>
<tr>
<th>Approver</th>
<th>Date</th>
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<tbody>
<tr>
<td>Sam Terese</td>
<td>11/3/2017</td>
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<td>Dr. Elisabeth Shearon: Medical Director</td>
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