SPECIMEN LABELING

Careful labeling is vital to accurate results:

- Never label tubes/containers prior to collection.
- All specimens must be labeled before leaving the patient's side.

Proper labeling includes HNL's computer-generated labels or hand labeled tubes printed with the following information:

- Patient Full Name, Date of Birth and/or Social Security Number
- Date and Time of Collection
- Initials or Tech Code of person collecting specimen
- Site of venipuncture (for blood culture specimens only)
- Specimen type (for aliquots) or specimen source (body site) for other laboratory specimens (cytology, pathology, microbiology)

Note: If HNL's computer-generated label is used, the initials of the phlebotomist and the actual time of collection must be handwritten on the label.

Outpatient Blood Bank Labeling Instructions

1. All outpatient Blood Bank specimens drawn for type and cross match or for a possible transfusion MUST include the patient's full name and either their medical record number, date of birth, or social security number.

   Note: Additional steps may be necessary, dependent on the organization/facility/site. An additional Typenex™ Band Identification Number or other identification system may also be required if this is used by the organization/facility/site.

2. All other outpatient Blood Bank specimens MUST be labeled with the patient's full name and either their medical record number, date of birth, or social security number.

3. All specimens MUST include the date and time of collection and the initials or tech code of the person collecting the specimen.

Specimen Collection, Preparation & Handling

SPECIMEN PROCESSING AND TRANSPORT

When processing specimens, adhere to the following guidelines:

Serum:	Place tube in an upright position and allow blood to clot a minimum of 30 minutes (but no longer than 1 hour).
Plasma:	Centrifuge immediately upon receipt or after drawing.

Process Instructions:

1. Leaving the tube stopper on, centrifuge either specimen type at approximately 3000 rpm for 15 minutes. Please note that some analytes require very specific handling. Always consult test listing prior to processing.

2. When using a bench top centrifuge, it is essential to utilize a balance tube of the same type containing an equivalent volume of water.

3. Allow the centrifuge to come to a complete stop. **NEVER** stop by hand or rake.

4. Carefully remove the tube from the centrifuge without disturbing the contents.

5. When indicated, transfer the serum or plasma into an appropriately labeled plastic aliquot tube.

Transport Instructions:

1. It is vital that specimens be maintained at the proper temperature to ensure specimen integrity. For tests in which no specific storage requirements are noted under the alphabetical test listing, specimen should be refrigerated until transport.

   The following definitions apply:

   - Room temperature 15 to 30 degrees C
   - Refrigerated 2 to 8 degrees C
   - Frozen -20 to 0 degrees C

   Frozen specimen requirements: It is essential to process, aliquot and freeze the specimen as soon as possible.

   - Always freeze the specimen in appropriately labeled plastic aliquot tubes, available from the laboratory.
   - Submit one plastic aliquot tube for each test. If duplicate tests are submitted on one frozen aliquot, HNL cannot guarantee that all requested testing can be completed.
   - Frozen specimens must be transported in the frozen state. Never allow frozen specimens to be transported without dry ice.
   - Specimens, when readied for transport, should be completely inserted into the dry ice. Please indicate to the HNL courier which specimens must be transported frozen.
   - Frozen specimens which have been allowed to thaw cannot be refrozen and are unacceptable for analysis.

2. Place each blood collection vial, leak-proof aliquot tube, or primary specimen container in a zip lock specimen transport bag available from HNL. The bags are double pouched and biohazard labeled. The specimen should be placed in the sealable compartment and the completed requisition slip placed in the outer pouch to prevent contamination. Please ensure the containers and bags are properly sealed to avoid spills.

HNL-92 -24 HR URINE
REV. 7/16/19

HNL Lab Medicine

Patient Demographic Label

24-Hour Urine Collection

Patient Instructions:

1. Document your full first and last name and date of birth on the collection container that was provided to you.

2. Urinate upon waking in the morning before starting the collection. DO NOT SAVE THIS SAMPLE.

   RECORD THE DATE: _____ TIME: _____AM/PM

3. Collect all of your urine for the next 24 hours into the container provided. Note: **Do not urinate directly** into the 24-Hour Urine Collection Container(s).

4. Keep the 24-Hour Urine Collection Container refrigerated during the collection period.

5. The final collection should be at the SAME TIME the following day.

   RECORD THE DATE: _____ TIME: _____AM/PM

6. Bring the 24-Hour Urine Collection Container(s) to the laboratory along with these instructions and the lab order from your provider.

HEALTH NETWORK LABORATOIES LP
794 ROBLE ROAD, ALLENTOWN, PA 18109-9110
CUSTOMER CARE: 484-425-8170 – TOLL FREE: 1-877-402-1422 – FAX: 484-425-8181
WWW.HEALTHNETWORKLABS.COM

HNL-92 -24 HR URINE
REV. 7/16/19

HNL Lab Medicine

Patient Demographic Label

Recolección de orina durante 24 horas

Instrucciones para el paciente:

1. Registre su apellido y nombre completo y fecha de nacimiento en el frasco de recolección de la muestra que se le proporcionó.

2. Orine al despertarse por la mañana antes de iniciar la recolección.
   NO ALMACENE ESTA MUESTRA

   REGISTRE LA FECHA: _____ HORA: _____A.M./P.M.

3. Recolecte la totalidad de la orina de las próximas 24 horas en el frasco proporcionado. Nota: No orine directamente en los frascos de recolección de orina durante 24 horas.

4. Mantenga refrigerado el frasco de recolección de orina durante todo el período de recolección.

5. La última recolección debe realizarse a la MISMA HORA del día siguiente.

   REGISTRE LA FECHA: _____ HORA: _____A. M./P. M.

6. Lleve los frascos de recolección de orina de 24 horas al laboratorio junto con estas instrucciones y la orden de laboratorio de su proveedor.

HEALTH NETWORK LABORATOIES LP
794 ROBLE ROAD, ALLENTOWN, PA 18109-9110
CUSTOMER CARE: 484-425-8170 – TOLL FREE: 1-877-402-1422 – FAX: 484-425-8181
WWW.HEALTHNETWORKLABS.COM

CLINICIAN CYTOBRUSH/SPATULA COLLECTION PROTOCOL

Instructions

1. Sample ectocervix with plastic spatula.
2. Rinse spatula in the PreservCyt vial by swirling vigorously 10 times. Place cap on vial until step 4. Discard collection device.
3. Sample endocervix with the Cytobrush device. Insert the Cytobrush device until only the bottom most fibers are exposed. Slowly rotate 1/2 turn in one direction. Do not over-rotate. Remove device.
4. Rinse the Cytobrush in the PreservCyt solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl the brush vigorously to further release material. Discard the collection device.
5. Tighten the PreservCyt vial cap so that the torque line on the cap passes the torque line on the vial.
6. Record the patient's full name and ID number on the PreservCyt vial.
7. Record the patient information and medical history on the Cytology requisition form.
8. Place the PreservCyt vial and Cytology requisition form in the collection bag for transport to the laboratory. Transport to Cytology laboratory according to the standard clinic procedure.

   Reference: Hologic Corporation, 237 Center Hill Street, Marlborough, MA 01752

SPECIAL HANDLING INSTRUCTIONS FOR COAGULATION STUDIES

1. Drawing of Coagulation studies
   - A clean venipuncture is essential to avoid platelet and coagulation activation. Winged collection sets, when used in combination with smaller gauge needles, should be used with caution.
   - Use a 3.2% buffered sodium citrate tube. Hematocrits >55% must have the anticoagulant adjusted and require a special blue top tube obtained from the laboratory.
   - Avoid contamination of the specimen with heparin from "lines" by performing a saline "flush" followed by a 5 mL blood discard.
   - Fill Blue top tubes until blood flow ceases and mix by gentle inversion. Specimens containing fibrin clots will be rejected.
   - Deliver coagulation specimens immediately to the laboratory, or follow specific processing guidelines if specimens are processed prior to transport.

THE ACCEPTABLE ORDER OF DRAW FOR MULTIPLE SAMPLES IS:

1. Blood culture bottle(s)
2. Coagulation tube (Blue top, sodium citrate)
3. Serum tube with or without clot activator, with or without gel (i.e., Gold top tube)
4. Heparin tube (Green top)
5. EDTA tube (Lavender top)
6. Glycolytic inhibitor (Gray top, oxalate-fluoride tube)
7. Other additive tubes

EXCEPTIONS TO ORDER OF DRAW:

- Glass (no additive) serum tubes may be drawn before the coagulation tube.
- If only a coagulation Blue top tube is to be drawn for the routine testing of PT or APTT, a discard tube is not required if a regular (straight) blood collection needle is used.
- When using a winged blood collection set with a coagulation tube as the first tube to be drawn, a discard tube must be drawn first to fill the blood collection tubing dead space. The discard tube must be a glass (no additive) or a coagulation tube.

(continued)

Special Handling Instructions for Coagulation Studies (continued)

2. Processing of Coagulation studies

- Valid results can only be obtained when coagulation specimens have been handled and processed correctly. Please refer to the alphabetical test listing of this handbook for the type of processing required for each individual coagulation test.
- **Instructions for coagulation studies that require the preparation of "platelet-poor plasma" prior to freezing the specimen:**
    1. Immediately centrifuge the blue top tube(s) for 10-15 minutes. (First Spin)
    2. Carefully remove the plasma from cells using a plastic transfer pipette.
    3. Dispense the plasma into a plastic aliquot tube and centrifuge plasma for an additional 10-15 minutes. (Second Spin)
    4. At the end of the second spin, using a plastic transfer pipette, transfer the plasma into the required number of properly labeled plastic aliquot tubes (preferably polypropylene) and freeze.

    Note: Use caution to only remove the top part of the plasma at each plasma transfer step, leaving approximately 100-200 uL undisturbed in the bottom of the tube.

    Note: Each aliquot tube should also be labeled with a "platelet-poor plasma" sticker. Submission of specimens in glass tubes is unacceptable. The number of aliquot tubes required for each individual assay can be found in the alphabetical test listing section of this handbook.

    - Transport the frozen, aliquoted specimens surrounded by an adequate amount of dry ice. Specimens must arrive in the laboratory in a frozen state. Previously frozen specimens that have thawed during transport are unacceptable for testing.

MINIMUM SPECIMEN REQUIREMENTS FOR NEWBORN/PEDIATRIC OR ADULT DIFFICULT DRAW PATIENTS

Following are the absolute minimum amounts of acceptable specimens required for performing tests on the above types of patients. It is important that specimens be collected in the specific tubes mentioned since this will yield the maximum amount of usable specimen.

Please be aware that when the minimum amounts are submitted, it does not allow for tests to be repeated or for tests to be added on at a later time. These minimums are yielded under ideal patient conditions.

For Neonatal Intensive Care Unit babies, please be as conservative as possible when collecting blood specimens by heel stick.

TEST	MINIMUM AMOUNT AND CONTAINER
Alkaline Phosphatase	One full Yellow, Green or Red Microtainer®
Amylase and Lipase	One full Yellow, Green or Red Microtainer®
Antibiotic or Drug Level	One full Red Microtainer®
Bilirubin, Total and/or Direct	One full Yellow, Green or Red Microtainer®
Blood Culture: Peds NICU/NSY only Adults	 1-10 mL in blue BacT/Alert® bottle 1-3 mL in blue BacT/Alert® bottle * 10 mL each bottle, Blue and Purple
Blood Type	One full Lavender Microtainer®
Basic Metabolic Profile	One full Yellow, Green or Red Microtainer®
CBC/Diff)	One full Lavender Microtainer® (500 uL)
Cholesterol	One full Yellow, Green or Red Microtainer®
CK	One full Yellow, Green or Red Microtainer®
Cold Agglutinin	Two full Red Microtainer®s
Comprehensive Metabolic Panel	One full Yellow, Green or Red Microtainer®
Copper	2 mL serum in Royal Blue top trace metal tube, red label
Direct Coombs (DAT)	One full Lavender Microtainer®
Electrolytes (Na, K Cl, CO2)	One full Yellow, Green or Red Microtainer®
GGT	One full Yellow, Green or Red Microtainer®
Glucose	One full Yellow, Green or Red Microtainer®
Hemoglobin Electrophoresis	One full Lavender Microtainer®
Hepatitis B Surface Antigen (HBsAg)	Two full Yellow or Red Microtainer®s

(continued)

Specimen Collection, Preparation & Handling

Minimum Specimen Requirements for Newborn/Pediatric or Adult Difficult Draw Patients

TEST	MINIMUM AMOUNT AND CONTAINER
Hepatitis Panel, Acute	One full SST tube or four full Yellow or Red Microtainers®
Hepatitis Profile, Comprehensive	One full SST tube or four full Yellow or Red Microtainers®
HIV 1/2 Antibody Screen	Two full Yellow or Red Microtainers®
IgG, IgA, IgM, IgE	Two full Yellow or Red Microtainers®
CD4 Profile (T cells) or Lymphocyte Subset (T & B cells)	One Lavender EDTA top tube
Iron	One full Yellow, Green or Red Microtainer®
LDH	One full Yellow, Green or Red Microtainer®
Lead	3 mL in Dark Blue top tube with Purple EDTA label or 3mL in Tan top tube or 1 full Lavender Microtainer®
Osmolality	One full Yellow or Red Microtainer®
PT and PTT	One full Pediatric Light Blue top tube
RPR	Two full Yellow or Red Microtainer®
Salicylate	One full Yellow or Red Microtainer®
SGOT (AST)	One full yellow, Green or Red Microtainer®
SGPT (ALT)	One full yellow, Green or Red Microtainer®
T4	Two full Yellow Microtainers®
T4 and TSH	Two full Yellow Microtainers®
Total Protein and Albumin	One full Yellow, Green or Red Microtainer®
TSH	Two full Yellow Microtainers®
Type and Antibody Screen	Two full Lavender Microtainers®
Type and Antibody Screen with DAT	Two full Lavender Microtainers®
Type and Screen for Blood Transfusion	Two full Lavender Microtainers for neonates and under 4 months old. Three full Lavender Microtainers® for pediatric at 4 months and older.
Vitamin E	1 mL serum two full Yellow or Red Microtainer®
Zinc	1 mL serum in Royal Blue top trace metal tube Red label

*If only 10 mL are collected, submit in aerobic (blue) bottle only.

Note: For additional information on tests not listed, please call Customer Care at either 610-402-8170 or 877-402-4221 (toll free).

SPECIMEN REJECTION

When specimens are received in the laboratory, they may be rejected for any one of the following reasons. No specimen will be rejected until appropriate efforts have been made to correct the problem.

1. Specimen received without a label or with improper identification
    - Unlabeled/mislabeled blood specimens from a physician's office/client can be accepted if the office/client accepts the responsibility of labeling the specimen.
    - Unlabeled/mislabeled pathology/cytology specimens will be returned to the physician's office/client for correction. In addition to patient demographics, the specimen source (body site) must be clearly defined and match on both the specimen container and requisition
    - A Client Specimen Identification Form (on the next page) must be completed and returned via fax prior to testing. If a fax machine is not available, the form must be completed and returned within 72 hours. Results will not be released until paperwork is complete. Note: If your collection facility is located at or near an HNL Acute Care or testing laboratory, specimen identification may be requested in person.
2. Specimens may be of questionable integrity (depending on tests ordered) when:
    - Incorrect transport container
    - Insufficient volume
    - Hemolysis (depending on tests ordered)
    - Improper handling or storage of specimen
    - Clotted specimen (depending on tests ordered)

NOTIFICATION: The client will be notified as soon as possible should the specimen be unacceptable for any of the above reasons.

794 Roble Road
Allentown, PA 18109
484-425-8794

114873.3631 QUAL Client Specimen Identification Form HNLPI04

TO: _____ FROM: _____

DATE: _____ CLIENT FAX #: _____ # of Pages _____

We received specimen(s) that cannot be processed due to following specimen identification issue(s) shown in Section 1 below.

Please review Section 1 and complete Section 2 below and fax to number noted at bottom of form.

SECTION 1 (Completed by HNL)

Patient Name: _____

Medical Record # _____ Date of Birth _____

Date/Time of Collection _____ Specimen Type _____

Specimen Identification Issue(s) (Check all that apply)

- ☐ Unlabeled Specimen (No identification on specimen container)
- ☐ Incomplete Information (Partial identification information provided)
- ☐ Mislabeled Specimen (Incorrect identifier(s) on specimen container label)

HNL Employee Completing Form:

Name: _____ Tech Code _____ Date/Time _____

SECTION 2 (Completed by Person Responsible for Collection or Requesting Physician)

A. Provide the following information to authorize HNL to proceed processing or discard the specimen(s)

Patient Name: _____ Date of Birth: _____

Specimen Type: _____ Date/Collection Time: _____

B. Please indicate the reason testing to be performed (in accordance with Clinical Laboratory Accreditation Regulatory requirements). Select all that apply

- ☐ Specimen is Irretrievable
- ☐ Test is Critical – Delay to Recollect New Specimen May Compromise Patient Care
- ☐ Clinical Reasons Exist For Avoiding Recollection
- ☐ Patient is Unavailable for Second Collection
- ☐ Other, please explain _____

C. Do Not Process Specimen

- ☐ **Discard specimen**

D. By completion and signature of this form I accept responsibility for the instructions provided to Health Network Laboratories to process the specimen(s).

Print Name: _____ Date/Time: _____

Signature: _____ Job Title: _____

Fax completed form to: _____

SPECIMEN RETENTION/TEST ADDITIONS

Except for unstable specimens (e.g., those for cultures, CBCs, urinalysis) HNL retains most specimens for several days.

If a test is to be added to a specimen that is already in the laboratory or if a repeat assay is requested, please contact Customer Care at 877-402-4221 (toll free).

A representative can arrange for additional testing if sufficient specimen volume remains after the initial tests are completed. Federal regulations require that we obtain, within 30 days of a verbal request, written authorization for every test we perform. You will be asked to forward a signed order, via fax or mail, for all verbal requests