

Requisition and Labeling Requirements

The following requisition and labeling guidelines are set forth to maintain the highest level of patient safety and quality test results.

Clinical Laboratory Requisition Requirements

A clearly completed requisition must accompany each specimen.

Requisitions must clearly identify the ordering physician, office address and phone number.

Requisition stock is supplied including this information, pre-printed. If ordering via an electronic ordering system, this information must be defined in the user's profile and print on generated requisitions.

Information required to be completed on the requisition:

- Patient's full name (last name, first name)
- Patient's address, phone number, sex, and date of birth
- Specimen collection date and time
- Insurance information or name and billing address of responsible party – If not included, a bill will be sent to the patient's home address
- Appropriate ICD10 code(s)
- Requested test(s)

Requisitions submitted lacking any of the required information may be subject to delay or cancellation.

Clinical Laboratory Specimen Labeling Requirements

Each specimen container should be clearly labeled with two unique identifiers. The first identifier must be the patient's full name (last name, first name) and one other acceptable unique identifier:

- Medical Record Number
- Date of birth (allowed for non-hospital patients only)
- Requisition Number (allowed for non-hospital patients only)

If a specimen container is not appropriately labeled with two unique identifiers matching those on the requisition, testing may be subject to cancellation to protect patient safety. The collector of the specimen should identify themselves by initialing the label in an area that will not obscure patient information or barcoding.

Surgical Pathology Laboratory Requisition Requirements

A clearly completed requisition must accompany each patient specimen.

Information required to be completed on the requisition:

- Clearly identify the ordering physician, provider number, office address and phone number
- Patient's full name (last name, first name)
- Patient's address, phone number, sex, and date of birth
- Specimen collection date and time
- Insurance information or name and billing address of responsible party – If not included, a bill will be sent to the patient's home address
- Appropriate ICD10 code(s)
- Significant clinical history, including known cytology and surgical pathology diagnosis
- Specific specimen source (biopsies must also be site specific)
- Medical Record Number (if known)

Surgical Pathology Specimen Labeling Requirements

Surgical pathology container labels must include:

- Patient's full name (last name, first name)
- Secondary patient identifier (Medical Record Number *or* Date of Birth [allowed for non-hospital patients only] *or* Requisition Number [allowed for non-hospital patients only])
- Specimen count or jar label (if multiple specimens are submitted)
- Anatomic source and site
- Clinician name
- Collection date

It is important to label the container, not the lid of the specimen container. Information listed on the requisition and included on the container must match. Surgical pathology will not accept the specimen if information is missing or incorrect.