

MEMORANDUM

To: Physicians, Nurse Managers and Clinical Nurse Educators
Date: March 2, 2010
Re: Laboratory Requisition and Sample Acceptance Policy

To support effective patient care as well as fulfill safety and accreditation requirements, it is the policy of the VIHA Department of Laboratory Medicine, Pathology and Medical Genetics to require proper labeling and handling of patient samples and examination/consult request forms. Audits have revealed laboratory errors resulting from improperly identified samples and incomplete request information. Therefore, we have an initiative to focus on these pre-analytical components. Samples will be accepted and processed if they meet the requirements listed in the tables below. Incomplete information or improper sample handling may result in delay of reporting, or possible rejection.

In summary

- When the identity of the patient is in doubt recollection of the sample is required unless the sample is difficult or impossible to replace, e.g. CSF or tissue. In these cases the physician who collected the sample must authorize testing.
- When the laboratory receives a sub-optimal sample or requisition we will immediately attempt to remedy the problem. This may require your assistance.
- When the laboratory rejects a sample, we will
 1. Always notify the submitter by phone
 2. Always document the rejection reason in the laboratory report
 3. Never discard the sample before performing the above steps

The Requisition must include:

Patient's first and last name
Numerical identifier – may be hospital medical record number or insurer number
Gender and date of birth
Requesting physician's name
Names of associated or consulting physicians who require a copy of the report
Origin of sample (body site or source)
Clinical information (if indicated as required on the requisition)
Examinations requested

For patients in the community or in outpatient clinics an approved outpatient requisition must be used.

Additional information required on these forms include:

Patient's address or contact information
Requesting physician's signature and billing number

The Sample must be labeled with the following information:

Patient's first and last name
Numerical identifier - hospital medical record number, insurer number (e.g. PHN), or date of birth
Date and time of collection
Origin of sample (body site or source) if not blood

Sample handling requirements:

Samples may be rejected if they are damaged, contaminated, collected in an incorrect container, improperly stored, or exceed acceptable time limits between collection and examination.

By:


