Covenant Health Laboratory Policy	FACILITY
	●Covenant Medical Center
	●Covenant Children's Hospital
	○Covenant Hospital Levelland
	○Covenant Hospital Plainview
	●Grace Surgical Hospital
	●Grace Clinic
	○Covenant Hospital Hobbs
	DEPARTMENT: Laboratory
	SECTION: General Laboratory
	AUTHOR: Cindy Ghandour, MT(ASCP)

TITLE:

Specimen Collection Manual General Information

PRINCIPLE/PURPOSE: Covenant Health System provides a specimen collection manual to all areas we provide service. The manual will provide specific specimen collection and data handling. Specific instructions for the proper collection and handling of specimens are made available to laboratory personnel and to anyone collecting patient test materials that are sent to the laboratory.

TEXT:

A. The Director who meets the CAP Director qualifications review and approve all the new policy/procedure changes to the specimen collection/handling procedure manual before implementation.
B. The current specimen collection manual is available to all areas that collect specimens which are sent to Covenant/Grace Laboratories.
C. All specimen collection manuals will contain the following elements as applicable:
    1. Preparation of the patient
    2. Type of collection container and amount of specimen to be collected
    3. Need for special timing for collection (e.g., creatinine clearance)
    4. Types and amounts of preservatives or anticoagulants.
    5. Need for special handling between time of collection and time received by the laboratory (e.g., refrigeration, immediate delivery)
    6. Proper specimen labeling
    7. Need for appropriate clinical data when indicated.
D. Random urine instructions are provided in the Urine Specimen Collection procedure. This can be found in the document control system.
    1. For 24-hour urine collections and 24-hour special urine collections, patient instructions can be found in the document control system.
E. As a part of our Reference Laboratory policy, Covenant Health System properly follows all requisitions, collections, and handling specifications of the reference laboratory. To ensure specimen integrity, pre-analytic variables are closely controlled. Some items which could be monitored but are not limited to specimen temperature, transport time,

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interval before separation of blood cells from serum/plasma. In coagulation, proper checking for filling of the collection tube as well as many other variables.

F. All personnel performing patient blood collection have been trained in the proper selection and use of equipment/supplies and collection technique. Documentation on file in department files.

G. All Phlebotomists who collect blood samples from a patient must confirm the patient's identity. Personnel must confirm the patient's identity by checking at least two identifiers before collecting a specimen. Some examples but not limited to are as follows:
    1. Inpatient – wristband and unique identifier
    2. Outpatient – name and birthdate
       ****The room number must never be used as patient's identifier (see Verification of Patient Identification in the Phlebotomy manual)**

H. All specimens must be labeled at the time of collection to provide unique identification. All transfusion medicine samples submitted for compatibility testing must use two separate identifying items on each sample and the initials of the phlebotomist/nurse collecting the sample.

I. The laboratory does not allow specimen labels to be changed if there is incorrect information or it is mislabeled.
    1. Our practice is to recollect the specimen. A health care provider will be notified that the specimen is being rejected, and a recollect requested.
    2. However, there may be circumstances where recollection is not possible or practical (e.g., for specimens that are impossible or difficult to recollect, such as cerebrospinal fluid, pediatric blood collections, body fluids, tissues, swabs from surgical sites, and cord blood.)
        a. Refer to Blood Bank specific policies regarding relabeling of specimens for Blood Bank testing other than Cord Blood.
        b. If a specimen is to be relabeled, the mislabeled specimens should be delivered to a technologist working in the testing department.
        c. The *Specimen Labelling Correction* form will be initiated.

d. The technologist will complete the front side of the form. On the back, they should provide a narrative outlining the details of the event along with all action taken.
   1) Medical director/pathologist approval is required when relabeling an easy to obtain specimen.
   2) Completed forms are placed in the managers box for review and entry into the facilities incident management system.

J. All Phlebotomists are trained and instructed on how to deal with patients with adverse reactions to Phlebotomy. These reactions could be fainting, seizures and other injuries. Immediate assistance is always available. (see the Venipuncture Collection procedure).