

MHCC Labeling Requirements for Laboratory and Pathology Specimens

REQUIREMENTS

1. Acceptable labeling methods:
 - a. Printed chart sticker with correct patient information
 - b. Hand-written information if stickers are not available
 - c. Laboratory label if available
2. **ALL** specimens must be labeled in the presence of the patient with the following:
 - a. Patient's full first and last name (specimen label must match the patient's name as it appears in the EMR).
 - b. Patient's date of birth
 - c. Date and time of collection
 - d. Initials of person collecting the specimen
 - e. Source and description of specimen if applicable, i.e. left leg abscess, clean catch urine, lip sore, etc.
 - f. The label should be applied in a manner that the patient's name is toward the top of the blood tube, ensuring that the label is smooth and does not cover the specimen window.
 - g. The printed label should be applied over the white blood tube label.
 - h. Hand-written information can be written on the white blood tube label.
 - i. When labeling non-blood specimens or Pathology specimens, patient information must be on the container, not on the lid. Lids can be removed and interchanged.
3. Specimens must be labeled at the time of collection.
 - a. Any unlabeled or mislabeled specimens received in the laboratory will be discarded and must be recollected.
 - b. The only exception will be specimens that are considered irretrievable, i.e. biopsy specimens, placentas, CSF, joint fluids or other body fluids, surgically removed specimens, post-mortem specimens, or specimens from patients who have been transferred from the facility.
 - i. If a specimen is considered irretrievable and needs to be used, the collector will be required to document verification of the specimen on the specimen, and a disclaimer will be added to the test results that the specimen was not properly identified at the time of collection.
 - ii. Cord blood intended for ABO/Rh and DAT (newborn profile) are not considered irretrievable as another blood specimen can be obtained from the baby via heel-stick and used for testing.
4. The following label types will cause the specimen to be unacceptable for use and may result in specimen rejection:
 - a. For purposes of these examples, "Label" refers to either computer-generated label, hand-written label, or handwriting on the specimen container.
 - b. Labels that are across the top of the tube or cover the stopper need to be removed to access the specimen. Removing the label causes the specimen to be considered "mislabeled / unlabeled", and it is no longer acceptable for use.
5. The following label types will cause the specimen to be unacceptable for use and will result in specimen rejection:
 - a. Failure to attach two patient identifiers, date, time and initials of person collecting specimen.
 - b. Label on lid of Pathology specimen rather than on container.
 - c. Label only on bag and not on specimens.
 - d. Unlabeled specimens.
 - e. Specimens from one patient labeled with identifiers of a different patient.
 - f. Specimens with only one patient identifier.
 - g. Specimens with only part of patient name, such as only first or last name.
 - h. Name on specimen does not match name in EMR.

- i. Wrong patient name is on specimen container or blood tube.
6. The Disciplinary Action and Grievance Policy, 4600-0122, will be applied progressively to those consistently in non-compliance for any rolling 6-month period.
 - a. First violation: a written notation should be made of a verbal counseling and retained in the personnel file for one (1) rolling year. The warning should inform the employee of the possible consequences, including suspension and/or discharge, should additional violations of performance problems occur.
 - b. Second violation will result in a written warning. Human Resources will be present during all written warnings. Offenses requiring more stringent action can receive a written warning without having previously received documented counseling. The warning should inform the employee of the possible consequences, including suspension and/or discharge, should additional violations of performance problems occur.
 - c. Third violation will result in a second written warning. In accordance with the Disciplinary Action and Grievance Policy, the Manager/Director should complete a performance improvement plan for the employee and should complete an evaluation at this time. Any written warning becomes a permanent part of the employee record. The warning should inform the employee of the possible consequences, including suspension and/or discharge, should additional violations of performance problems occur.
 - d. Fourth violation may result in involuntary termination.