# SPECIMEN COLLECTION & HANDLING

## 1 SCOPE

This procedure is to be followed when collecting and handling specimens for and in the LabMed Directorate in St. James's Hospital. The information in this procedure is available to those who are responsible for specimen collection and handling (i.e. phlebotomy, doctors and nurses from within the hospital, community care and referring laboratories) in the LabMed Online User Guide at http://search.stjames.ie/Labmed/

## 2 RESPONSIBILITIES

The laboratory manager and those who are responsible for specimen collection and handling are responsible for ensuring that this procedure is adequate and adhered to. The responsibility for requesting a laboratory service/examination lies with the patient's clinician. It is the responsibility of the requester to ensure that samples are correctly labelled and request forms are completed to the required standard. In addition, it is the responsibility of agents acting on behalf of the clinician (e.g. phlebotomists, nurses, and non consultant hospital doctors) to ensure likewise.

It is the responsibility of the LabMed Clinical and Scientific teams to assess the suitability of the request received (test requested, request form information, specimen type and specimen quality) and the relevant clinical details provided by the requestor to support the laboratory request for testing. The LabMed team reserves the right to reject any requests that do not comply with laboratory policies/procedures and ISO 15189 requirements.

## 3 REFERENCES


"Understanding Accreditation in Laboratory Medicine" by David Burnett 1996

'A Practical Guide to Accreditation in Laboratory Medicine' by David Burnett 2002

Health Services Advisory Committee: Safety in Health Service Laboratories, Safer Working and the Prevention of Infection on Clinical Laboratories.

ISO 15189 Medical Laboratories - Requirements for Quality and Competence


## 4 DEFINITIONS

BAL: Bronchoalveolar lavage

CSF: Cerebro-Spinal Fluid

ED: Emergency Department

EPR: Electronic Patient Record. Regularly used as a short hand for the Cerner Millenium Powerchart ordering and results viewing modules. Both terms are interchangeable.

GTT: Glucose Tolerance Test

HODC: Haematology & Oncology Daycare centre

ICU: Intensive Care Unit

IMRL: Irish Mycobacteria Reference Laboratory

LIS: Laboratory Information System

MRN: Medical Record Number. May be used interchangeable with Hospital Number.

NCHD: Non-consultant Hospital Doctor

NCL: National Coagulation Laboratory

OCM: Order Communication Management

PPE: Personal Protective Equipment

PTTS: Pneumatic Tube Transport System

SOP: Standard Operating Procedure

Samples: All biological samples, such as, blood, urine, respiratory samples, swabs, faeces, tissues and biopsies, smears, fluids and aspirates, body scrapings, hair, nail clippings.

Environmental samples: include water samples, agar plates.

## 5 DOCUMENTATION

MP-GEN-0007 Staff Health and Safety Manual

MP-GEN-0011 Management of Data and Information

CM-PHL-0001 Blood Sampling in the Phlebotomy Department

CF-PHL-0008 Phlebotomy User Guide (A to Z listing of Tests)

CF-PHL-0009 Phlebotomy Tube Order of Draw

LF-GEN-0001 Return of Laboratory Specimen Form

LP-GEN-0007 Online User Guide

SOP BT 1.0008 Acceptance / Rejection Criteria for Specimen and Request Card

SOP BT 1.0036 / SJH:Lab(Pt)003 Pre-Transfusion Compatibility Testing/Blood sampling Protocol

REF-MRSA-0001 EARS-Net Reference Form

SJH:LabMed(P)006 Policy on the Provision of Pathology Laboratory Services to General Practitioners

SJH:LabMed(P)007 Policy on the Provision of Pathology Laboratory Services to External Agencies.

TEMP2 Template for a Service Level Agreement

## 6 GENERAL

Correct identification and preparation of the patient, specimen collection and handling are essential for the production of valid results by a laboratory.

## 7 PROCEDURE

### 7.1 Request Form

Correctly designed and properly completed request forms are essential for the performance of all laboratory examinations to the benefit of the patient and the satisfaction of the requesting physician. The request form is the first step in a consultation between the requesting doctor and the laboratory. SJH has implemented a policy to promote electronic request forms where practical (e.g. Electronic Patient Record (EPR) for inpatients, Healthlink for the Community). Manual request forms are accepted by the laboratory at SJH from other external hospitals/institutions; however electronic requesting is the preferred mechanism (see Section 7.1.2 below).

Each request, accepted by the laboratory for examination, is considered an agreement to provide a laboratory service to the user.

The correct completion of request forms with patient information and sufficient clinical information ensures appropriate investigations are carried out, including any reflex or follow-on testing, and appropriate interpretive comments are added.

#### *7.1.1 Internal Requests*

For internal (SJH) requests the requesting clinician/designee raises the investigation request electronically via the Order Communications Module (OCM) of EPR; or completes the appropriate request form where OCM is not available for specialised laboratory services. The vast majority of routine in-house bloods are taken by Phlebotomists or nurses during the working day. Most phlebotomy out of hours is

undertaken by NCHDs. Instructions on investigation requesting and work list printing through the EPR is available on the intranet at https://www.stjames.ie/intranet/oncampus/departments/ims/eprpassupport/eprmanuals/ Care Sets/Power plans are available in the hospital OCM system (Powerchart Specimen Management), to simplify and streamline the ordering of multiple investigations.

### *7.1.2 External Requests*

For external requests from the community setting (e.g. GPs, Nursing Homes) electronic ordering is the mechanism in place to mitigate against errors that occur with manual procedures. Healthlink (Laboratory) is the HSE approved system for electronic requesting. Healthlink's core remit is to provide a messaging service that allows patient information to be securely transferred between Hospitals and Medical Practitioners. LIS to LIS / Medibridge are the current electronic requesting mechanisms in place at SJH for external hospitals. Where electronic mechanisms have not been established, manual requesting by external hospitals is permitted.

### *7.1.3 Manual Requesting*

Manual requesting is only in place where agreed with SJH and where electronic processes are not available to users. In this instance, SJH pathology request forms are available and should be used for manual requesting. These are listed in Appendix 1 of this document. Document Control of request forms is ensured by having a version number printed on the form. Examples of each form are scanned and the scan files are imported into QPulse, with the version number and effective date. Any changes to request forms result in a new version being produced by the printers with the new version number displayed; and the scan file of this new version is used to update Q-Pulse (see Appendix 1). Users must ensure that they are using the current version of the relevant form.

## 7.2 Completion of Request Forms

### *7.2.1 General Requirements*

For SJH electronic orders, the OCM label & barcode on the specimen includes all required information. For external electronic orders a copy of the electronically generated request slip containing the required information must be sent with the specimen(s).
For manual requests a completed request form is required to be sent with all samples received by the laboratory.
The Request Form accompanying the sample/specimen must be completed legibly. The legibility of the request form is vital to ensure all patient details are accurate.

- A clearly typed or printed (use of block capitals) request form must be sent to reduce the risk of errors in patient identification, test selection or location.
- For requests from external hospitals original hospital forms with tests added manually and other tests crossed out are not acceptable.

Note: Blank or incomplete request forms are not acceptable and will result in specimen rejection. Mismatched information between the request form and specimen will result in rejection. A repeat sample will be required which inconveniences your patient and delays test results.

### *7.2.2 Request Form Labelling Criteria*

Request forms must contain a minimum dataset for the request to be accepted/processed. Request Form labelling criteria are detailed in Appendix 2. This information is also detailed in the policies on service provision to GPs and external agencies, available in the Online User Guide.
Ref: SJH:LabMed(P)006 Policy on the Provision of Pathology Laboratory Services to General Practitioners
Ref.: SJH:LabMed(P)007 Policy on the Provision of Pathology Laboratory Services to External Agencies.

Please note the following explanatory notes regarding the labelling criteria specified in Appendix 2:

Sample Type or Site

Non-blood samples must have the sample type or site, as appropriate, recorded on the request form (e.g. MSU, EAR SWAB).

Date of Collection

At the time of Phlebotomy/Sample Collection, the date of collection should be added to the request form. An incorrect date of collection / delayed analysis may lead to erroneous results and/or sample rejection

Time of Collection

In certain cases, information relating to the timing of specimens is required, for example, in dynamic function testing, to identify peak and trough or pre- and post-treatment specimens or where diurnal variation and circadian rhythms are important for interpreting the result. This should be added to the request form at time of phlebotomy/sample collection.

External Hospital/Agency Requests

For external hospital/agency requests must include the external order number / external laboratory sample number for processing of the test order

Clinical details

Clinical details are required on all request forms e.g. antibiotic treatment, anticoagulant therapy, previous or suspected diagnosis. Clinical details aid in the interpretation of results, their speed of availability, in the selection of appropriate examinations and follow-on examinations, (e.g. appropriate antibiotic susceptibility testing, Thrombosis screening, or Endocrinology tests) and in the addition of interpretive comments. Failure to provide clinical details may result in rejection of the request.

Name of Requestor and Location for reports

These details are required to ensure that the results are returned to the correct return address e.g. ward, clinic or doctor's address. For GPs the unique SJH GP Code number should be included. Requests received from external hospitals under an SLA will only be provided to the laboratory of the external institution and will not be communicated to any third party. Results are not returned to patients under any circumstance.

**Request forms that fail to meet the minimum criteria will be rejected for analysis and will not be processed.**

### *7.2.3 Additional request form information*

Additional information that might assist with the analysis and reporting should also be included. The following additional information is strongly recommended on the request form, to assist in processing the request and interpreting the results.

- Where requests are being sent on one or both of a pair of twins, please highlight this on the request form(s). There is an increased risk of data entry errors where the surname, date of birth, gender and address are identical for both twins. Highlighting this will ensure extra checking by laboratory staff when entering these requests.
- Where available a patient addressograph label and the GP Practice / External Agency stamp must be used on all sheets of the request form as it improves the transfer of accurate clear information.
    - Where GP patient samples are being referred to the External agency (e.g. hospital) prior to arrival at the LabMed Directorate, the results will only be reported back to the referring external agency/hospital, not the GP.
    - Where GP patient samples are being referred directly by an approved GP to SJH, the GP will receive results directly via Healthlink for electronic orders (reports will be issued by postal system for specialist manual requests).
    - All GPs are strongly encouraged to use the SJH Request form as much as possible and this is available on our website https://www.stjames.ie/LabMedInformation/gpexternalrequestforms.
- GP Requestors may handwrite additional tests at the bottom of the Healthlink electronic request form after printing, provided relevant clinical details are provided. The laboratory team will review these additional tests and determine suitability for processing. Some tests may be rejected based on scientific or clinical review.
  Ref.: SJH:LabMed(P)006 Policy on the Provision of Pathology Laboratory Services to General Practitioners
  Ref.: SJH:LabMed(P)007 Policy on the Provision of Pathology Laboratory Services to External Agencies.
- Patient discrepancies regarding maiden and married names must be avoided.
- Discrepancies between the request form and specimen will result in the sample/request being rejected.

- Certain investigations may require additional information (including evident of patient consent for test analysis) on the specimen or request form. These are detailed in each department's section of the LabMed User Guide at www.stjames.ie (click on the Lab Services tab) or by clicking on this link Lab User Manual.

### *7.2.4 Blood Transfusion Request Form Labelling Criteria*

Requests for pre-transfusion compatibility testing have very strict request form labelling requirements; please refer to SJH: LabMed012 Pre-Transfusion Compatibility Testing: Blood Sampling Protocol/SOP (SOP BT 1.0036) for details of requirements.
Ref.: SJH: LabMed012 Pre-Transfusion Compatibility Testing: Blood Sampling Protocol

## 7.3 Labelling of Specimens

Specimens must be labelled with sufficient identifiers to unequivocally identify the patient and link the sample to the request form.
The use of printed labels produced by the GP Practice / External agency IT system that are suited to the sample container size are the preferred labelling method as it improves the transfer of accurate and legible information.
Addressograph/patient labels must clearly distinguish between patient Surname and patient Forename.

### *7.3.1 Specimen labelling criteria*

All patient samples i.e. the sample container, must be labelled with a minimum dataset which is legible.
Specimen labelling criteria are detailed in Appendix 2. This information is also detailed in the policies on service provision to GPs and external agencies, available in the Online User Guide.
Ref: SJH:LabMed(P)006 Policy on the Provision of Pathology Laboratory Services to General Practitioners
Ref.: SJH:LabMed(P)007 Policy on the Provision of Pathology Laboratory Services to External Agencies.

Samples that fail to meet these mandatory criteria will be rejected for analysis and will not be processed.

### *7.3.2 Additional specimen labelling information*

The following additional information is desirable to have on the specimen, to assist in processing the request and interpreting the results.

- The date of collection of the specimen
  At the time of Phlebotomy/Sample Collection, the samples should be labelled with the date of collection
  An incorrect date of collection / delayed analysis may lead to erroneous results and/or sample rejection
- Time of collection of the specimen
  Time of collection should be recorded where appropriate (for example, in dynamic function testing, to identify peak and trough levels, pre- and post-treatment specimens; or where diurnal variation and circadian rhythms are important for interpreting the result.)
- Gender of the patient (this is particularly important where requested investigations have gender-related reference ranges).
- Non-blood samples must have the sample type or site, as appropriate, recorded on the sample container (e.g. MSU, Ear Swab)

### *7.3.3 Blood Transfusion Labelling Criteria*

Specimens for pre-transfusion compatibility testing have very strict request form labelling requirements; please refer to SJH: LabMed012 Pre-Transfusion Compatibility Testing: Blood Sampling Protocol/SOP (SOP BT 1.0036) for details of requirements.

Ref.: SJH: LabMed012 Pre-Transfusion Compatibility Testing: Blood Sampling Protocol

### *7.3.4 OCM Labels*

All samples for requests generated electronically in Millennium Powerchart will arrive in the laboratory labelled with a barcode label (OCM label) generated by the Specimen Management module of Powerchart, and will include

- Patient's Name, Date of Birth, and Gender
- The patient's Medical Record Number
- The worklist code and the analytical category (e.g. Mo/Ro indicates the Monday to Friday worklist, and a routine sample, and Ur/Ur means the request was processed urgently), and the analytical result is also required urgently
- The requesting Location, and the Bed Number
- The episode (OCM) number of format YY-DDD-123456
- The test(s) requested
- The sample type
- The department where the test is performed

A minimum of 2 patient identifiers (i.e. Full Name and DOB / MRN) must be legibly recorded on the OCM label affixed to the specimen it to be accepted for analysis.

## 7.4 Checking the Completion of the Request Form and Confirming the Identity of the Patient

The mechanism by which the specimen is associated with the patient is of utmost importance. At SJH, the phlebotomist, nursing staff or doctor checks the patient's wrist band/identity bracelet before collecting the specimen and confirms their identity (as per hospital policy SJH:QS020 Patient Identification Policy https://www.stjames.ie/intranet/ppgs/non-clinicalcorporate/SJHQS020.pdf) and

In cases where the patient is unable to confirm their identity the Nurse looking after the patient must confirm it for the phlebotomist or doctor. Ref CM-PHL-0001 Blood Sampling in the Phlebotomy Department.

The procedure for taking specimens for Pre-Transfusion testing from an unconscious patient, or one who is otherwise unable to confirm their identity, is described in

SJH:LabMed012 Pre-Transfusion Compatibility Testing: Blood Sampling Protocol/SOP (SOP BT 1.0036), available at:

https://www.stjames.ie/intranet/oncampus/departments/transfusionmedicine/ppgs/

For external requests, the practice phlebotomy/nursing staff and external hospitals must have in place a system to positively identify the patient before taking specimens and labelling them. These requirements are clearly stated in:

SJH:LabMed(P)006 Policy on the Provision of Pathology Laboratory Services to General Practitioners

SJH:LabMed(P)007 Policy on the Provision of Pathology Laboratory Services to External Agencies.

The proper completion of the request form is essential. Persons who request the laboratory examination of the specimen have the responsibility of ensuring that the form (electronic or hardcopy) is correctly completed.

GP Practices must ensure that patient information is maintained accurately and up-to-date on Healthlink. Before sending requests to the laboratory, a final check of the individual patient request form and specimen is recommended so that corrections can be completed. External hospitals/institutions must ensure that the samples and requests are labelled in accordance with the requirements of this procedure and that the details on the request form and sample match.

For SJH In-patients: Detailed requirements for the completion of Blood Transfusion request forms (form PC02) are available in SOP SJH LabMed012:

Ref.: SJH: LabMed012 Pre-Transfusion Compatibility Testing: Blood Sampling Protocol/SOP (SOP BT 1.0036).

### 7.5 Checking that the Specimen Container is Labelled Correctly

The person collecting the specimen is responsible for ensuring that the container is properly labelled.

### *7.5.1 Internal (SJH) Requests*

- The sample label is completed as per the specimen label headings. Minimum labelling criteria as detailed above MUST be complied with.
- **Note**: For non-blood samples (generally microbiology and histopathology), the specimen type and/or site are **essential** labelling requirements.
- With the exception of blood transfusion specimens, pre-printed addressograph labels can be used on sample containers, provided they are dated, they fit properly and do not conceal visibility of sample.
- A request for analysis by the Blood Transfusion Laboratory requires that the specimen be labelled at the patient's bedside, by the person who took the sample, having confirmed the identity of the patient. The person who took the sample must then sign it and complete the date and time of collection. Alternatively, a Blood Track PDA can be used to take the specimen. In these cases, the sample taker's ID badge must be scanned, followed by the patient's ID band, to positively identify the patient, the person that took the specimen and the time of collection. Detailed requirements for the labelling of Blood Transfusion request specimens are available in SJH:LabMed012.

  Ref.: SJH: LabMed012 Pre-Transfusion Compatibility Testing: Blood Sampling Protocol/SOP (SOP BT 1.0036).
- In the case of environmental samples two unique identification data are required as well as location of site sample was taken.
- The identification data affixed to the specimen/container at source remains with that specimen throughout analysis.
- A completed request card is required to accompany all specimens received by the laboratory with a specimen; except for electronic orders where the OCM label includes all required information.

### *7.5.2 External Requests*

- The person collecting the specimen is responsible for confirming the patient identifiers with the patient and ensuring that the container is properly labelled.

- A check should be made to ensure that all of the details recorded on the specimen match those on the associated request form. All discrepancies should be resolved and corrected before referring the specimen to SJH.

## 7.6 Discrepancies Between Request Form and Specimen

### *7.6.1 General*

If a discrepancy arises between the mandatory information on the request form and sample, the request is rejected. A note is recorded in the SJH Laboratory Information System (LIS) and a report for the unprocessed request is issued to the requestor (electronically or manually depending on ordering system used).

### *7.6.2 Exception – Precious Specimens*

Where there is uncertainty in the identification of the primary sample or instability of the analytes in the primary sample (e.g. CSFs, BALs, etc), and the primary sample is regarded as a precious sample, the requesting physician or person responsible for the primary sample collection must take responsibility for identifying and accepting the sample, and/or for providing proper information. This process is managed by senior scientific staff in the relevant department(s). The signature of that person taking responsibility for the primary sample identification must be recorded on LF-GEN-0001 Return of Laboratory Specimen Form and these forms are traceable to the request form.

Ref.: LF-GEN-0001 Return of Laboratory Specimen Form

**NOTE: Under no circumstances are laboratory staff to amend or alter or add to information on the sample. This must be performed by the person who took the sample.**

### *7.6.3 Blood Transfusion*

The Blood Transfusion department operates a Zero Tolerance policy in relation to sample labelling, and no amendments are allowed.

Ref.: WI-BT-0001 Acceptance / Rejection Criteria for Sample and Request Card.

## 7.7 Requesting of Pathology Examinations

### *7.7.1 Authority to Request*

Requests for pathology examinations may only be made by a registered Medical Practitioner.

In certain circumstances, with the approval of the Laboratory Director or Laboratory Manager, other medical and scientific professionals may request pathology or laboratory examinations e.g. Dentists, Advanced Practitioners or Senior Nursing Staff (under Delegated Authority), the law courts.

Medical Scientists, in consultation with the Laboratory Consultant, may perform follow up examinations or suggest further testing to the requesting clinician. Where additional follow-on tests are requested by the SJH LIS, based on decision algorithms, the criteria are tested and approved by the relevant laboratory consultant prior to implementation, as described in MP-GEN-0011 Management of Data & Information. Alternatively, medical scientists or clinicians may deem test requests inappropriate and reject requests.

When electronic ordering is not available, the request should be in writing on a designated pathology request form and contain all relevant details as per section 7.2 of this procedure. For internal requests, the relevant Pathology Request Forms are available to print from the Intranet (at Hospital Forms/Laboratory Request Forms – Manual Ordering). A selection of each of these forms is included in the "EPR Downtime Box" stored in all clinical areas within SJH.

For external service users, forms are available on the SJH website at:
https://www.stjames.ie/LabMedInformation/gpexternalrequestforms

Ensure samples are taken into appropriate containers, in the correct sequence, and are transported appropriately to the laboratory as soon as possible.

CF-PHL-0008 Phlebotomy User Guide

CF-PHL-0009 Phlebotomy Tube Order of Draw

Ref.: LP-GEN-0002 Specimen Transportation

### *7.7.2 Identification of Priority Status*

The requestor must assess the patient situation and designate an urgent or routine status to the laboratory order in line with clinical best practice and as required. For some clinical

areas of the hospital, where an urgent response is always needed, colour-coded barcode labels are used to draw attention to the urgent status (e.g. orange for ED, green for HODC, blue for ICU). In other areas of the hospital, routine status is generally acceptable.

**NOTE:** Excessive prioritisation of patient testing as urgent will negatively impact all urgent requests when volumes exceed laboratory capabilities. Requestors must be mindful of turnaround times for laboratory tests and patients' requirements.

Only urgent requests should be sent to the laboratory during out of hours (8pm to 8am Monday to Friday and from Saturday at 1pm until Monday at 8am for weekends; Bank holiday Mondays are classified as out of hours in the laboratory). Routine specimens must not be referred to the laboratory during out of hours periods.

Time lines for the delivery samples from GPs and external hospitals are specified in:

SJH:LabMed(P)006 Policy on the Provision of Pathology Laboratory Services to General Practitioners

Ref.: SJH:LabMed(P)007 Policy on the Provision of Pathology Laboratory Services to External Agencies.

### 7.8 Checking that the Patient is Appropriately Prepared

The appropriate preparation of the patient for the requested examination is the responsibility of the requesting doctor and nurse caring for the patient. Correct collection of the specimen is the responsibility of the individual collecting the specimen.

Information on patient preparation (e.g. fasting) is available in the LabMed Online User Guide (http://search.stjames.ie/Labmed).

### 7.9 Ensuring that the Specimen is Collected Correctly

It is the responsibility of the person collecting the specimen to ensure that the specimen is collected correctly and into the appropriate specimen tube/container.

Ref.: CM-PHL-0001 Blood Sampling in the Phlebotomy Department

Ref.: SJH:LabMed(P)006 Policy on the Provision of Pathology Laboratory Services to General Practitioners

Ref.: SJH:LabMed(P)007 Policy on the Provision of Pathology Laboratory Services to External Agencies.

NOTE: The laboratory periodically reviews sample volume requirements for phlebotomy and other specimens such as CSF, to ensure that neither insufficient nor excessive amounts of sample are collected.

### *7.9.1 Sputum Samples*

All specimens are to be fresh and taken preferably before antimicrobial treatment is started.

Early morning freshly expectorated sputum is recommended for TB culture.

Culture for Legionella species may be successful after antimicrobial therapy has been started.

The material required is sputum from the lower respiratory tract, expectorated by deep coughing. When the cough is dry, physiotherapy, postural drainage or inhalation of an aerosol before expectoration may be helpful. Saliva and postnasal secretions are not suitable. Early morning specimens for examination of *TB* should be collected on at least three consecutive days.

### *7.9.2 Minimizing the Risk of Interchange of Samples and Sub Samples*

Specimens should only be collected from one patient at any time. Ensure the specimen is fully labelled along with the request form, if appropriate, before collecting a specimen from the next patient.

## 7.10 Ensuring the Safety of the Specimen Collector, Carrier, the General Public and the Receiving Laboratory

The person who collects the specimen must ensure that the container is appropriate, properly closed and is not externally contaminated by the contents.

All samples must be placed in plastic biological hazard type bags and transported in specimen containers/carriers so as not to present a risk to anyone coming in contact with them during transport.

Ref.: LP-GEN-0002 Specimen Transportation

### *7.10.1 General Precautions when Working with Specimens*

1. Wear the personal protective equipment before entering any area where specimens are handled, examined or stored.
2. Wash hands before specimen collection.
3. Adopt scrupulous personal hygiene practices. Avoid all actions that promote contact between the hands and the eyes, nose or mouth before the hands have been thoroughly washed. Eating, drinking, chewing, smoking, the application of cosmetics or grooming in the laboratory are forbidden. Food, drink, cigarettes, cosmetics, personal belongings such as combs etc. must not be used in the laboratory.
4. Cover any cuts, abrasions or other skin lesions to protect them against contamination before starting work. Treat any puncture wounds or cuts sustained during work immediately.
5. In the event that a glove becomes punctured, irrespective of whether a wound is sustained, remove the glove, dispose of it safely and wash hands before replacing the glove.
6. When it is not possible to contain splashing e.g. when clearing up breakages or spills, additional protective clothing (disposable gloves, apron and face visor etc.) must be worn.
7. Remove any coats that become contaminated with material that could be infectious and send for cleaning as soiled linen.
8. Discard all sharps and needles into the designated Sharps bins.

### *7.10.2 Ensuring Safe Disposal of all Materials Used in Specimen Collection*

Dispose of all materials used in the collection and phlebotomy of patient specimens in a safe and secure manner in accordance with local regulations.

Ref.: MP-GEN-0007 Staff Health and Safety Manual

Ref.: CM-PHL-0001 Blood Sampling in the Phlebotomy Department

### *7.10.3 Ensuring that High Risk Specimens are identified and Processed Correctly*

Universal (Standard) Safety Precautions are used when handling all specimens received in the laboratory. The use of red stickers on the request form and/or sample if a high risk is suspected is no longer recommended. All samples are assumed to be an infection risk.

In certain cases, where the presence of Category 4 organisms is suspected, additional precautions are taken (for example as outlined in LI-GEN-0133 for cases of suspected Viral Haemorrhagic Fevers – for internal use only).

Ref.: MP-GEN-0007 Staff Health and Safety Manual

### *7.10.4 General Precautions when Dealing with Spillages and Breakages*

In the event of a spillage of specimens or breakage of specimen container, proceed as follows:

1) Wear appropriate PPE.
2) Absorb the spill appropriately using disposable absorbent material such as paper towels.
3) Dispose of all contaminated waste in biohazard bags
4) Clean the area of the spill with an aqueous detergent
5) Disinfect the site of the spill, absorb the disinfectant or allow it to dry
6) Rinse the spill site with water
7) Wash oneself with disinfectant soap

Ref.: MP-GEN-0007 Staff Health and Safety Manual

### *7.10.5 Recovery of Specimens Where They Cannot Be Repeated (In The Event of Spillage/Breakage)*

In the event of a spillage of specimen or breakage of specimen container where the specimen cannot be repeated, contact senior staff in the destination department for advice on how to proceed.

## 7.11 Transport to the Laboratory

It is the responsibility of the requestor to ensure that all specimens are delivered safely and securely to the LabMed Specimen Reception area; in a manner that does not pose a threat to the health and safety of anyone coming in contact with the sample and is in compliance with regulations. Leaking / damaged specimens will not be accepted.

A Pneumatic Chute System is in place within SJH in selected areas for specimen transport under the management of the FM team. The laboratory plays no part in the collection of

specimens with the exception of the precious specimen policy (Specimens (Precious) Transport SOP SJH:LabMed011).

Ref.: LP-GEN-0002 Specimen Transport

Ref.: LP-GEN-0008 Operation of the Pneumatic Tube Transport System

### *7.11.1 Ensuring that Environmental and Storage Conditions are fulfilled*

The specimen transport bag prevents the contamination of other containers, request forms, the hands of the specimen receptionist and the immediate environment.

The specimen is preserved and stabilised during transport or storage

Specimens are transported to the laboratory as appropriate to their transport and storage requirement. Specimens with specific transport requirements or shortened processing times (immediate arrival to the laboratory) are detailed in the LabMed User guide at : http://search.stjames.ie/Labmed/

LP-GEN-0008 Operation of the PTTS specifies what specimen types can and cannot be transported via the PTTS.

Ref.: LP-GEN-0002 Specimen Transport

Ref.: LP-GEN-0008 Operation of the Pneumatic Tube Transport System

## 7.12 Follow Up Requests for Examinations

These can be flagged verbally to the laboratory, e.g. by telephone, but the request must be recorded as follows:

- For histopathology, extra tests/stains are requested by the Pathologist using Telepath.
- For Microbiology, the additional examinations are requested on the EPR and the label is printed directly in the laboratory.
- In Blood Sciences, the EPR label is printed in the clinical area and sent to the laboratory by PTTS carrier.
- Requests for additional blood products in Blood Transfusion must be ordered on the EPR. A requisition will print in the BT laboratory. This must be confirmed by telephone.
- All verbal requests must be confirmed by a completed request form or electronic equivalent

## 8 APPENDICES

1. Appendix 1: List of Request Forms and Document Numbers
2. Appendix 2: Sample and Request Form Labelling Information/Criteria

## Appendix 1: List of Request Forms and Document Numbers

| Name and Serial Number of Request Form | QPulse Scan File |
|---|---|
| PC02 Blood Transfusion Request Card | BT FORM 178 |
| 10906 Cancer Molecular Diagnostics Request Form | F-CMD-0117 |
| Solid Tumour Molecular Request Form | F-CMD-0054 |
| Immunophenotyping request Form | HAEM-FORM-0095 |
| P171A Routine Haematology Request Form | HAEM-FORM-0217 |
| P146 Coagulation Request Form | HAEM-FORM-0218 |
| P905 Haematology Bone Marrow Aspirate Request Form | HAEM-FORM-0220 |
| R040 NCHCD Request Form | HAEM-FORM-0222 |
| R399 HMD Genetic Request Form | HAEM-FORM-0223 |
| Haemoglobinopathy Request Form | HAEM-FORM-0436 |
| HIT request form (4T score) | HAEM-FORM-1206 |
| Thrombophilia screen request form | HAEM-FORM-1429 |
| PC05 Biochemistry Request Form | LF-BIO-0192 |
| HFE Request Form | LF-BIO-0359 |
| Request for Discordant Thyroid Function Tests | LF-BIO-0446 |
| FH Genetics Request Form | LF-BIO-0481 |
| SJH generic request from Biochemistry genetics | LF-BIO-0482 |
| AMH Request Form | LF-BIO-0496 |
| Porphyrin Request Form | LF-BIO-0589 |
| CD34 & FBC Request Form | LF-CR-0106 |
| P904A General Practitioner Request Form Blood Sciences | LF-GEN-0025 |
| P904B General Practitioner Request Form Microbiology | LF-GEN-0026 |
| P904C General Practitioner Request Form Histopathology | LF-GEN-0027** |
| P904A1 Blood Sciences External Institutions Request Form | LF-GEN-0028** |
| P904B1 Microbiology External Institutions Request Form | LF-GEN-0029** |
| P904C2 Histology Request Form for Hermitage Clinic | LF-GEN-0039 |
| IR001 Integrated Bone Marrow Reporting Request Form | LF-GEN-0046 |
| P904A3 Blood Sciences Manual Request Form | LF-GEN-0067 |
| Head & Neck Request Form | LF-HIST-0258 |
| P904C3 MaxFax request form | LF-HIST-0460 |
| P132 Immunology Request Form | LF-IMM-0089 |
| Immunology Specialist Request Form Blood Sciences | LF-IMM-0232 |
| Immunology request form for Autoimmune Encephalitis/Epilepsy Panel | LF-IMM-0266 |
| IMRL Culture Request Form | LF-IMRL-0070 |
| PC04 Microbiology Request Form | LF-MICRO-0209 |
| GMHS CTNG Request Form | LF-MICRO-0442 |
| Microbiology Request Form GMHS Clinic | LF-MICRO-0443 |
| Microbiology Request Form for Processing of Cerebrospinal Fluid samples from Blackrock Clinic (out of hours) | LF-MICRO-0463 |
| Microbiology Request Form GMHS Clinic Monday/Thursday | LF-MICRO-0554 |
| NMRSARL Investigation Request Form | LF-MRSA-0049 |
| EARS-Net MRSA Request Form | REF-MRSA-0001 |

**** Minor variations of these forms with the name of the requesting institution pre-printed have been provided to specific external locations.**

## Appendix 2: Sample and Request Form Labelling Information/Criteria

| Specimen | Mandatory Information | Desirable Information |
|---|---|---|
| | **Patient's full name**<br>Forename & Surname – no middle names/initials* | |
| | **Date of Birth &/or MRN**<br>Date of birth is mandatory on specimens received from external users (Hospitals, GPs, etc) | |
| | **Date of specimen collection** | |
| | | **Gender**<br>Gender will not be assumed. No gender specific reference ranges will be reported if gender not provided |
| | | **Time of specimen collection** |
| | | **Signature of the person taking the specimen** |
| | | **Specimen type/site**<br>Non-blood specimens e.g. MSU, Ear Swab |
| **Request Form** | | |
| | **Patient's full name**<br>Forename & Surname – no middle names/initials* | |
| | **Medical Record Number**<br>Applicable to SJH patient requests | |
| | **Date of Birth**<br>Date of birth is mandatory on specimens received from external users (Hospitals, GPs, etc) | |
| | **Address**<br>1st line of address mandatory for Healthlink Requests | **Address**<br>Desirable for all other requests |
| | | **Gender**<br>Gender will not be assumed. No gender specific reference ranges will be reported if gender not provided |
| | **Name of the requesting clinician/practitioner**<br>For GPs the GP code must be included | |
| | **Destination for the report** | |
| | **Test Request** | |
| | **Specimen type/site**<br>Mandatory for non-blood specimen types | |
| | | **Date of specimen collection** |
| | | **Time of specimen collection** |
| | | **Signature of person taking the specimen** |
| | | **Clinical details & relevant history** |
| | | **Patient preparation conditions e.g. fasting** |
| | **External order number / external laboratory sample number** | |

* **Exception: Patient initials are accepted on samples received from the GUIDE This is the only exception to this requirement for the patient's full name.**