

MEMORANDUM

IMPORTANT REMINDER: As lab is seeing an increase in the amount of samples that are not meeting the listed requirements, please see the memo below.

DATE: April 18, 2023

TO: All Physicians and Registered Nurses

FROM: Dr Alexander (Sasha) Finn, Medical Director and Department Head, Laboratory Medicine

RE: **Sample Acceptance Policy for Laboratory Testing – IMPORTANT REMINDER**

To support effective patient care and fulfill privacy and accreditation requirements, Island Health Department of Laboratory Medicine, Pathology, and Medical Genetics policy requires accurate labeling of patient samples and associated requisition and/or request forms. Improperly identified samples or incomplete request information may cause laboratory errors that impact patient care. Thus, adherence to the rules around accurate labeling is critical.

Samples will be accepted and processed if they meet laboratory requirements. Incomplete information or handling may result in delay of reporting or rejection. Samples may be rejected if they are damaged, contaminated, collected in an incorrect container, stored in incorrect conditions, unlabeled or partially labeled, or if the acceptable time limits between collection and examination have been exceeded.

When an issue with sample labeling or accompanying test information has been identified, laboratory staff will attempt to resolve it immediately, which may require your assistance. When the identity of the patient is in doubt, sample recollection is required unless the sample is difficult or impossible to replace (e.g. CSF or tissue sample). In such cases, the physician who collected the sample must authorize testing.

When sample rejection is necessary, laboratory staff will notify the submitter by phone and document the rejection reason in the laboratory report before discarding the rejected sample.

The sample label must be completed with the following:

- Patient information:
 - Full legal name
 - Date of birth
 - Unique numerical identifier (Medical Record Number [MRN] or Personal Health Number [PHN])
- Collection information:
 - **Origin of sample** (body site or source) if not blood; including all urine types
 - Collector's first and last name
 - Date and time of collection

The labelled sample must be accompanied by a requisition where applicable, which must be completed with the following:

- Patient information:
 - Full legal name
 - Date of birth
 - Unique numerical identifier (MRN or PHN)
 - Gender
 - Address or contact information for outpatient/ambulatory clinics
- Provider information:
 - Full name
 - MSP billing number
 - Signature for outpatient requests
 - Copy to other clinical provider (when applicable)
 - Full name
 - MSP billing number if possible
- Test information:
 - Diagnosis
 - Test(s) requested
 - Origin of sample (body site and source)
 - Collector's first and last name
 - Date of collection
 - Time of collection

For more information, please contact Sian Nuttall, Team Leader, Laboratory Pre-analytics, at Sian.Nuttall@islandhealth.ca.



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