



Document History:

Title: Lost or Missing Specimens


Site(s): Provincial

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Signature: 

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2 Summary of Revisions:

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1	New document		SMT	18-DEC-2009
2	Added F100-10-23; added 3.4, 3.5 & 4.4	06-JUL-2011	P Penner	31-AUG-2011
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1.0 Purpose

- 1.1 To provide guidance to laboratory staff regarding procedure for dealing with diagnostic specimens lost or missing during transport to the laboratory.

2.0 Definitions

- 2.1 **Lost or Missing Specimen** Two types:
1. When a properly completed diagnostic test requisition is received and there is no corresponding specimen on which to perform the required testing; **or**
 2. When a referral laboratory has received notification that a requisition and the accompanying specimen has been shipped to the referral laboratory, but the requisition and specimen were not received.
- 2.2 **Properly Completed Requisition** A diagnostic test requisition which has been filled out completely so as to indicate that an appropriate specimen has been collected to correspond to the orders on the requisition
- 2.3 **Referral Laboratory** DSM reference laboratories: Westman Laboratory, Health Sciences Centre and St Boniface General Hospital
- 2.4 **External Referral Laboratory** Non-DSM laboratories to which diagnostic testing is referred (i.e. Mayo Clinic, Hospitals-in-Common, etc)

3.0 Associated Documents

- 3.1 DSM Document #10-50-03, *Specimen Acceptance Policy*
- 3.2 DSM Document #10-50-01, *Critical Incident Management and Reporting*
- 3.3 DSM Document #170-80-01, *Hematopathology/Anatomic Pathology – Cutting Room: Misplaced / Missing Specimen Procedure*
- 3.4 DSM Document #F100-10-23, *Lost or Missing Specimen Tracking Task List*
- 3.5 DSM Document #100-10-05, *Laboratory Records & Materials Retention Policy*

4.0 General Requirements

- 4.1 All diagnostic test requisitions received in a DSM laboratory must be reconciled with corresponding diagnostic specimen, in accordance with DSM Specimen Acceptance Policy, #10-50-03.
- 4.2 If requisitions and specimens can not be reconciled, appropriate action must be taken in an effort to reconcile the discrepancy.
- 4.3 If discrepancies can not be resolved, occurrence reports must be initiated.
- 4.4 Sites may make use of F100-10-23, *Lost or Missing Specimen Tracking Task List*, to formally document the steps taken when dealing with diagnostic specimens lost or missing during transport to the laboratory. If a Specimen Error Report or Occurrence Report is initiated, attach

a copy of F100-10-23. F100-10-23 should be retained as per 100-10-05, *Laboratory Records & Materials Retention Policy*.

5.0 Procedure for Lost or Missing In-House Specimens

- 5.1** If a properly completed requisition is received in a DSM laboratory and there is no corresponding specimen, every effort will be made to locate the specimen. This search should include, but not be limited to:
- 5.1.1** Shipping containers
 - 5.1.2** Envelopes
 - 5.1.3** Garbage bins
 - 5.1.4** Blood collection trays
 - 5.1.5** Employee lab coats (pockets)
 - 5.1.6** Refrigerators, freezers and/or incubators
 - 5.1.7** All laboratory areas and/or other laboratory departments
 - 5.1.8** Patient room
 - 5.1.9** Ward / nursing station
- 5.2** As appropriate, speak directly to staff involved in an effort to re-trace their steps, which may assist with locating the specimen. Ensure that a senior staff member on site is made aware of the situation.
- 5.3** If after all searches have been performed, the missing specimen still cannot be located, a determination must be made if the specimen is replaceable (refer to the list of potentially irreplaceable or time sensitive specimens noted in section 3.1 of the Specimen Acceptance Policy, #10-50-03):
- 5.3.1** ***If the sample is deemed replaceable*** – A Specimen Error Report must be completed and a report generated from the lab as outlined in DSM document #10-50-03, *Specimen Acceptance Policy*
 - 5.3.2** ***If the sample is deemed irreplaceable*** – An occurrence report will be initiated as per regional/facility policy to document and report the occurrence. Depending upon the criticality of the specimen, the occurrence may be deemed to be a critical incident. If determined to be a Critical Incident, DSM document #10-50-01, *Critical Incident Management and Reporting*, should be followed.
- 5.4** The requesting physician must be notified when an irreplaceable specimen is lost or missing and all search efforts have failed to locate the specimen. This notification must be documented on the laboratory report as well as on the occurrence report.
- 5.5** Document the actions taken
- 5.6** Advise DSM COO/designate or Admin on call (204-935-2759) if an irreplaceable specimen is not located within 24 hours. The Director of Quality or designate will be responsible for advising the following of the situation:
- 5.6.1** DSM Director of Operations
 - 5.6.2** DSM Director of Operational Planning

- 5.6.3 DSM Director of Quality
- 5.6.4 DSM Chief Medical Officer (CMO)

6.0 Procedure for Lost or Missing Specimens Sent to a Referral Laboratory

- 6.1 The referral laboratory must contact the shipping laboratory to verify that the specimen was sent. The referral laboratory will ensure that all shipping containers and packing materials are searched to ensure the specimen was not overlooked while unpacking.
- 6.2 The shipping laboratory will verify against their records (ie. Accession log or other such documentation) that a specimen was packaged and sent to the referral laboratory.
- 6.3 If necessary, contact the person who transported the specimen between facilities (i.e. Courier, taxi, etc) to expand the search to include transport vehicles, etc as required.
- 6.4 Speak directly to staff involved in an effort to re-trace their steps which may assist with locating the specimen
- 6.5 The shipping laboratory must initiate a search of their laboratory to ensure that the specimen was not misplaced rather than being shipped as required. A search of all laboratory areas should be performed.
- 6.6 If after all searches have been performed, the missing specimen still cannot be located, a determination must be made if the specimen is replaceable (refer to the list of potentially irreplaceable or time sensitive specimens noted in section 3.1 of the Specimen Acceptance Policy, #10-50-03):
 - 6.6.1 ***If the sample is deemed replaceable*** – A Specimen Error Report must be completed and a report generated from the lab as outlined in DSM document #10-50-03, *Specimen Acceptance Policy*
 - 6.6.2 ***If the sample is deemed irreplaceable*** – An occurrence report will be initiated as per regional/facility policy to document and report the occurrence. Depending upon the criticality of the specimen, the occurrence may be deemed to be a critical incident. If determined to be a Critical Incident, DSM document #10-50-01, *Critical Incident Management and Reporting*, should be followed.
- 6.7 The requesting physician must be notified when an irreplaceable specimen is lost or missing and all search efforts have failed to locate the specimen. This notification should be documented on the laboratory report as well as on the occurrence report.
- 6.8 Document the actions taken
- 6.9 Advise DSM COO/designate or Admin on call (204-935-2759) if an irreplaceable specimen is not located within 24 hours. The Director of Quality or designate will be responsible for advising the following of the situation:
 - 6.9.1 DSM Director of Operations
 - 6.9.2 DSM Director of Operational Planning
 - 6.9.3 DSM Director of Quality
 - 6.9.4 DSM Chief Medical Officer (CMO)



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Note: for lost or missing specimens submitted to an external referral laboratory, DSM laboratory staff should assist with the investigation as requested by the external reference laboratory. Documentation should be maintained of all activities performed. Follow the steps outlined in section 6.6 to complete required documentation as necessary.