Document History:

Title: **Patient Identification and Specimen Procurement** **Site(s):** **All DSM Sites**

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Approved by: Dr. Kabani **Written By:** TM Discipline Team

Signature: 

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Patient Identification and Specimen Procurement

1.0 Principle

To positively identify a patient, and accurately label specimens that are used for pre-transfusion testing

Note: Most hemolytic transfusion reactions result from errors in patient or specimen identification, therefore the transfusion service shall accept only specimens with complete, accurate and legible labels.

2.0 Scope and Related Policies

2.1 Only authorized, trained individuals shall collect specimens.

2.2 Request forms for specimen collection and/or blood components, and any other documentation accompanying blood specimens from the patient, shall contain sufficient information to allow for positive identification of the intended patient.

2.3 There shall be unequivocal identification of the intended patient **before** drawing blood specimens using the patient's armband or Provincial Health Card and verbal confirmation by the patient. This shall include verification of:

- The patient's last and first name
- Personal Health Identification Number (PHIN/PHN), or Patient Unique identification number, if there is no PHIN/PHN

Note: In the event that a patient cannot give verbal identification the person caring for patient must confirm identity and sign the request form.

2.4 Each facility shall have a system for patient identification for unidentified patients. (eg. Trauma patient-John Doe/Jane Doe/Unknown/Unknown).

- Refer to Site Specific Policy

2.5 Should inaccuracies or discrepancies be discovered during the identification process, blood specimens shall not be collected until the matter has been satisfactorily resolved.

2.6 Blood specimens shall be labelled in the patient's presence. The label shall be completed with the patient's last and first name; PHIN/PHN (or patient unique identification number if no PHIN/PHN); date and time of collection; phlebotomist initials and attached to the specimen tube before leaving the patient's side.

2.7 All specimen labels and request forms shall be complete, accurate and legible:

- Changes shall **not** be made to patient identification on either the specimen label(s) or the request form once the specimen has been received in the BTS laboratory
- A new specimen shall be collected if any discrepancy exists

2.8 Specimen tubes shall not be over-labelled when mistakes are detected on the original label.

2.9 Cord blood specimens shall be labelled with mother's last and first name; mother's PHIN/PHN (or mother's unique identification number if no PHIN/PHN) and date and time of collection. The specimen shall be clearly identified as Cord Blood.

3.0 Materials

Request Form (or electronic order)
Pre-printed specimen labels (i.e. computer or addressograph) if available.
Materials for specimen collection as per facility procedure(s):

Note: Volumes given below are for adult patients. For neonatal and pediatric patients, refer to facility guidelines for specimen collection procedures and volumes.

Note: Protective covering (e.g. ziplock bag) for specimens is recommended for "in-hospital" Transport and referral.

Type and Screen/Crossmatch:

- Request for Blood Components (XM101) or appropriate BTS request form
- Appropriate EDTA specimen (volume as per request form)
- A Fax notification form (CM 077) as applicable

Antibody Investigation:

- Request for Miscellaneous Testing (XM 104) or appropriate BTS request form
- Appropriate EDTA specimen (volume as per request form)

Transfusion Reaction Investigation:

- Transfusion Reaction Investigation Form (CM105)
- Appropriate EDTA specimen (refer to MP.020 Transfusion Reaction Investigation)

Pre and Post-Natal Testing:

- Request for Perinatal Testing (Rh.101)
- Appropriate EDTA specimen (volume as per request form)

Cord Blood Testing:

- Request for Cord/Neonate Blood Testing (Rh.105)
- Appropriate EDTA specimen (volume as per request form)
- Refer to procedural note 6.2

All other testing:

- Consult BTS or CBS Accession Laboratory for specimen amount and requisition

4.0 Procedure

4.1 Receive a request form completed with the following information as appropriate:
All information **shall** be clearly legible.

- * Patient's last and first name
- * PHIN/PHN or Patient Unique Identification Number
- Patient's date of birth
- Patient's gender
- * Physician/Authorized practitioner last and first name
- * Date and time of collection
- * Phlebotomist full name and initials
- Facility name
- Facility hospital number (MRN/HRN) (if applicable)
- Patient location
- Test and product order
- Intended date and time of transfusion/infusion
- Diagnosis and reason for transfusion/infusion
- Priority
- Special transfusion requirements (eg. history of antibodies, irradiated, etc.)
- Transfusion/infusion history
- Facility name where report and product are to be sent if different than location of patient

Note: * - If missing may be cause for immediate rejection

4.2 Confirm that there is a patient identification band physically attached to the patient (i.e. not to the bed, wall or the door).

- If the patient is an inpatient or is admitted to emergency and does not have an identification band, have nursing positively identify patient according to facility policy, ensure that an identification band is prepared and the band is attached to the patient prior to collection ***NO BAND – NO BLOOD***

NOTE: If the patient's clinical condition prohibits physical placement of an identification band on the patient, the patient must be positively identified by their primary caregiver.

- If the patient is an outpatient ensure positive identification of patient using a Manitoba Health Card (PHIN/PHN) or patient unique identification number

4.3 Before collecting the specimen:

- Ask the patient to spell his/her last and first name and give date of birth (Do not say, "Are you…?")
- As the patient is spelling their name and date of birth, compare letter by letter and number by number to the corresponding information on the requisition
- If the patient is unable to communicate his/her name, ask a qualified person, e.g. the patient's nurse, to identify the patient and sign the requisition before collecting the specimen(s)

4.4 Compare the patient's last and first name and PHIN/PHN or patient unique identification number on the request form and patient identification band. They shall be **identical:**

- Any discrepancy shall be resolved **before** performing the venipuncture

Note: For out patients, compare the patient's information on the request form to the Manitoba Health card.

4.0 Procedure cont'd

4.5 Perform specimen collection as per established facility procedure(s) following routine practices for infection control.

4.6 Label the specimen immediately after performing the venipuncture, before leaving the patient's side:

- **Indelible ink must be used for handwritten labels NO GEL PENS**

4.6.1 The specimen label shall include:

- Patient's last and first name
- PHIN/PHN or patient unique identification number
- Date of collection
- Time of collection
- Facility name
- Initials of the phlebotomist

4.6.2 Complete the requisition with:

- Phlebotomist's printed name, initials and classification
- Date and time of collection
- Facility name where specimen is drawn
- Facility name where blood, blood component and derivative is to be sent (if applicable)

4.7 Perform a final check before leaving the patient's side. Confirm that the patient's last and first name and PHIN/PHN or patient unique identification number are **identical** on:

- Specimen tube label(s)
- Request form
- Patient identification band

Corrections may only be made to the specimen tube label at this time:

- Put a single line through the error
- Make the correction
- Initial the change

5.0 Reporting

N/A

6.0 Procedural Notes

6.1 If unsure of required specimen volume, contact BTS or CBS Accession Laboratory for direction.

6.2 When sending cord blood specimen, ensure maternal specimen and requisition are also sent.