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Manitoba

Document History:

Title: **Specimen Acceptance Rejection and Suitability** **Site(s):** **Shared Health TM Sites**

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Approved by: **Signature:**	Dr. Charles Musuka	**Date:**	2018-NOV-14
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Details of Recent Revision

- 4.1.2.1 expanded first bullet for PAC specimens: must ensure in last 3 months patient has not been transfused any specific blood components
- Combined Specimen and Request Form sections into Procedure and re-numbered entire document
- 4.3.2: added letter designates to tables to assist in identifying where changes occur
- 4.3.2 D: revised DOB minor discrepancy; expanded "then" column for last scenario in table "Patient historical file does not match current patient information"
- 5.1: expanded Rejected Specimen into eTraceLine and non-eTraceLine sites

Specimen Acceptance / Rejection and Suitability

1.0 Principle

To describe the criteria for the acceptance/rejection and suitability of specimens used for pre-transfusion and perinatal testing.

2.0 Scope and Related Policies

2.1 Only complete, accurate and legibly labelled specimens and request forms shall be accepted for pre-transfusion testing by the blood bank or Blood Transfusion Service (BTS).

2.2 Suitability of specimen will be determined according to established criteria.

2.3 Rejected specimens shall be documented:

- Non-eTraceLine sites shall use Shared Health *Specimen Error Report & Waiver, F10-50-03A*
- eTraceLine sites shall reject sample in eTraceLine

2.4 For all rejected specimens, the clinical unit shall be notified by phone, as well as a report sent, documenting the reason for the rejection with date, time and name of who was notified:

- eTraceLine sites shall generate report from eTraceLine indicating specimen rejected and report sent to requesting clinical unit

3.0 Materials

Request form: including but not limited to PT101, XM101A
Specimen: EDTA
Shared Health *Specimen Error Report and Waiver, F10-50-03A*, for non-eTraceLine sites only

4.0 Procedure

4.1 Before testing begins – Sample

4.1.1 Specimens for pre-transfusion testing include Type and Screen (T&S) and crossmatch (XM):
Note*: cord samples are not acceptable for pre-transfusion testing*

- Must be collected within 3 days prior to scheduled transfusion
- Will out date at midnight 3 days from the date of collection with Day “0” being the date of collection
  Example: For a 3 day outdate, a specimen collected on April 10 may be used for pre-transfusion testing up until midnight on April 13.
- If red cells are required after 3 days, a new specimen must be collected and a T&S performed on the new specimen
- If red cells are required urgently before a new specimen is collected or before a T&S can be completed, emergency uncrossmatched red cells must be issued. Refer to MP procedure- *Emergency Issue of Donor Red Cell Units, 160-MP-20*. For eTraceLine sites refer to TL procedure- *Issue of Emergency Uncrossmatched Red Cells and Emergency Plasma Components in eTraceLine*, *160-TL-09*
- If a specimen is received for T&S and/or XM and there is a current “in date” sample then:
  - If collected on Day “O” (same day) and the patient has 2 valid ABO determinations on 2 separate sample collections it will be deemed a duplicate and ***not*** submitted for testing.
  - If collected on Day 1 or Day 2 sample will be deemed a duplicate ***unless*** the clinical unit verifies the reason the sample was collected is to extend the sample outdate. Put note on requisition with explanation.

4.1.2 Specimens for Pre-admission clinic (PAC)

4.1.2.1 PAC samples can be collected up to 21 days prior to scheduled OR date providing the following criteria are met:

- In last 3 months patient ***has not*** been transfused with any blood components such as red cells, plasma, platelets, cryoprecipitate and/or cryo-reduced plasma
- Patient's transfusion and/or pregnancy history is available and no transfusion or pregnancy has occurred in the last 3 months

4.1.2.2 If a specimen is received for PAC OR and there is a current "In Date" sample then:

- If collected on Day O (same day as OR) or day 1 after the OR and the patient has 2 valid ABO determinations on 2 separate sample collections, it will be deemed a duplicate and not submitted for testing.
- If collected on Day 2 after the OR it will be deemed a duplicate unless clinical unit verifies the reason the sample was collected is to extend the sample outdate. Put note on requisition with explanation.

4.1.3 Specimen labelling requirements:

- If available and approved for use by facility, computer or addressograph patient labels can be used
- Labels shall be verified against request form and patient's arm band prior to sample collection and applied to specimen at the bedside

4.1.3.1 Specimen labelling shall include the following:

- Date of collection
- Initials of phlebotomist
- Patient's last and first name
- Unique patient identification number:
  - PHIN/PHN, the personal health identification number assigned to patients residing in Canada
  - If PHIN/PHN is not available, alternative unique identification issued by other authorities may be used as follows:

In-Patients	Out-Patients
Hospital number (MRN/HRN)	Military number
	RCMP number
	Treaty number (must be 10 digits)
	Photo ID (i.e. passport, driver's licence)
	Cancer registry number

- If any of the above information is incorrect, illegible or missing, it shall be cause for specimen rejection

Note: *New-borns are not assigned PHIN/PHN; the hospital number is considered a unique identification number*

Note: *The following numbers are not acceptable: Clinic, MHSC and Health Benefit Insurance (e.g., Great West Life, Manulife, etc.)*

4.1.3.2 Specimen labelling should also include the following but if not, it is not a cause for specimen rejection:

- Time of collection
- Facility name

4.1.3.3 Cord blood specimens shall be clearly identified as "cord blood" and labelled with:

- Mother's demographic information
- Collection date and time

4.1.3.4 Specimens shall be labelled with indelible ink

4.1.3.5 Specimen labelling corrections shall be clear and made prior to leaving patient's side by in the following manner:

- A single line through error
- Correction made
- Change initialled by phlebotomist
- Specimens shall not be over-labelled /over-written when mistakes are detected on original label

Note*: Correction fluid shall not be used on sample and/or request form*

4.1.4 Specimen Quality

4.1.4.1 Specimens **not acceptable** for testing are as follows:

- Samples in transit for more than 3 days
- Grossly haemolysed samples (a distinct line is not visible between the plasma and cell layer after centrifugation)
- Samples contaminated with intravenous solution
- Samples not collected in EDTA tubes

4.1.4.2 Samples **acceptable** for pre-transfusion testing are as follows:

- Icteric or lipemic samples
- Short draw samples (less than recommended blood volume for EDTA tube – the volume of EDTA will not cause significant dilution of plasma)

4.2 Before testing begins – Request Form

4.2.1 Request form shall be complete and legible and contain the following information:

- Patient's last and first name
- PHIN/PHN or other unique patient identifier
- 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 (e.g., history of antibodies, irradiated, etc.)
- Transfusion/infusion history
- Facility name where report and product are to be sent if different than location of patient

4.2.2 If request form has more than one page, addressograph shall be identical on all pages

4.3 Processing Specimen and Request form

4.3.1 Verification of specimen and request form

- Ensure information on request form and labelling of specimen is legible
- Ensure required information is included on request form and specimen
- Check all pages of the request form for accuracy and legibility
- Compare the patient's last and first name and unique identification number on the request form to the specimen – ***they shall be identical for acceptance***
- Ensure the date and time of collection are on the request form and the specimen
- Ensure phlebotomist name and initials are on request form
- Ensure phlebotomist initials are on the specimen
- Confirm the age of the specimen; specimen may not be in transit for more than 3 days
- No corrections may be made to the specimen label once it leaves the patient's side; exceptions noted below in 4.3.2

4.3.2 Determining acceptance/rejection

- Specimen label or request form discrepancy regarding date of collection, phlebotomist initials or phlebotomist name ***must*** be resolved at hospital blood bank prior to submitting to testing lab. If not, specimen will be rejected by testing lab.

4.3.2 A: Specimen and Request form

<table>
<tr><th>If…</th><th>Then…</th><th>Proceed to…</th></tr>
<tr><td>Discrepancy exists between specimen and request form with any of the following: patient's last name, first name, unique identification number (must match letter for letter/number for number)</td><td rowspan="2">• Document reason for rejection on request form
• Notify collecting facility/ward/clinic
• Request new specimen and request form
• Document name of person notified, date/time and tech initials on request form
• For non-eTraceLine sites, initiate Specimen Error Report and Waiver F10-50-038
• For eTraceLine sites, proceed to reject sample in eTraceLine</td><td rowspan="2">Reject the specimen

See Procedural notes</td></tr>
<tr><td>Information is illegible on request form and/or specimen</td></tr>
<tr><td rowspan="2">No date of collection on specimen or incorrect date of collection on specimen

Note: sample discrepancy regarding date of collection must be resolved at hospital blood bank prior to submitting to testing lab; otherwise specimen will be rejected by testing lab</td><td>1. If drawn on site and phlebotomist available, have them correct the specimen information and initial it.</td><td>Once obtained, proceed with testing</td></tr>
<tr><td>2. If phlebotomist not available or specimen from outside facility then:
• Document reason for rejection on request form
• Notify collecting facility/ward/clinic
• Request new specimen and request form
• Document name of person notified, date/time and tech initials on request form
• For non-eTraceLine sites, initiate Specimen Error Report and Waiver F10-50-038
• For eTraceLine sites, proceed to reject sample in eTraceLine</td><td>Reject the specimen

See Procedural notes</td></tr>
</table>

4.3.2 B: Specimen Label

If…	Then…	Proceed to…
No initials of phlebotomist on specimen **Note:** *sample discrepancy regarding phlebotomist initials must be resolved at hospital blood bank prior to submitting to testing lab; otherwise specimen deemed to be rejected by testing lab*	1. If drawn on site and phlebotomist available, have them correct the specimen information and initial it.	Once obtained, proceed with testing
	2. If phlebotomist not available or specimen from outside facility then: • Document reason for rejection on request form • Notify collecting facility/ward/clinic • Request new specimen and request form • Document name of person notified, date/time and tech initials on request form • For non-eTraceLine sites, initiate *Specimen Error Report and Waiver F10-50-038* • For eTraceLine sites, proceed to reject sample in eTraceLine	**Reject** the specimen See Procedural notes
Specimen is grossly haemolysed Specimen appears contaminated with intravenous fluid Specimen is grossly contaminated with blood on the outside Specimen not collected in EDTA Cord specimen received for pre-transfusion testing on neonate Cord sample labelled with mother's demographics and not clearly identified as *CORD SAMPLE* on specimen Specimen not labelled with indelible ink Specimen or request form has correction fluid	• Document reason for rejection on request form • Notify collecting facility/ward/clinic • Request new specimen and request form • Document name of person notified, date/time and tech initials on request form • For non-eTraceLine sites, initiate *Specimen Error Report and Waiver F10-50-038* • For eTraceLine sites, proceed to reject sample in eTraceLine	**Reject** the specimen See Procedural notes
No collection time on specimen No phlebotomist's initials on request form	• No intervention required	Process the specimen

4.3.2 C: Specimen and Request form

If…	Then…	Proceed to…
Specimen information has been corrected and the correct information does not **clearly identify** the specimen was collected from the same patient. • E.g.: "~~Smith~~[initials], Marie" on the specimen label corrected to "Jones, Marie" is not acceptable. • Name on the request form has a first initial and middle name, e.g.; "R. John" and the specimen is labelled with the middle name only, e.g.: "John" is **not** acceptable.	• Document reason for rejection on request form • Notify collecting facility/ward/clinic • Request new specimen and request form • Document name of person notified, date/time and tech initials on request form • For non-eTraceLine sites, initiate *Specimen Error Report and Waiver F10-50-038* • For eTraceLine sites, proceed to reject sample in eTraceLine	**Reject** the specimen See Procedural notes
Specimen is over-labelled and the information on the label underneath does not **clearly identify** the specimen was collected from the same patient. • E.g. "Smith, ~~Bill~~[initials]" on the label underneath and "Smith, William" written on the upper label is acceptable. • "~~Smith~~[initials], Marie" on the label underneath and "Jones, Marie" on the upper label is **not** acceptable.	• Document reason for rejection on request form • Notify collecting facility/ward/clinic • Request new specimen and request form • Document name of person notified, date/time and tech initials on request form • For non-eTraceLine sites, initiate *Specimen Error Report and Waiver F10-50-038* • For eTraceLine sites proceed to reject sample in eTraceLine	**Reject** the specimen See procedural notes
No physician/authorized practitioner on request form	• Obtain ordering physician/authorized practitioner • If sent from an outside facility, the request form indicating ordering physician/authorized practitioner must be faxed	Once obtained, process the specimen
No date and time of collection on request form or incorrect date and time of collection on request form **Note:** *request form discrepancy regarding date of collection must be resolved at hospital blood bank prior to submitting to testing lab; otherwise specimen deemed to be rejected by testing lab*	1. If drawn on site and phlebotomist available, have them correct the information and initial it 2. If sent in from an outside facility, they must fax a corrected collection record and initial it	Once obtained, process the specimen
	3. If phlebotomist not available: • Document reason for rejection on request form • Notify collecting facility/ward/clinic • Request new specimen and request form • Document name of person notified, date/time and tech initials on request form • For non-eTraceLine sites, initiate *Specimen Error Report and Waiver F10-50-038* • For eTraceLine sites, proceed to reject sample in eTraceLine	**Reject** the specimen See Procedural notes

4.3.2 D: Request form

If…	Then…	Proceed to…
Phlebotomist's full name not on request form ***Note:*** *request form discrepancy regarding phlebotomist name must be resolved at hospital blood bank prior to submitting to testing lab; otherwise specimen deemed to be rejected by testing lab*	1. If drawn on site and phlebotomist available, have them correct the information and initial it 2. If sent in from an outside facility, they must fax a corrected collection record and initial it	Once obtained, process the specimen
	3. Unable to obtain phlebotomist identification: • Document reason for rejection on request form • Notify collecting facility/ward/clinic • Request new specimen and request form • Document name of person notified, date/time and tech initials on request form • For non-eTraceLine sites, initiate *Specimen Error Report and Waiver F10-50-038* • For eTraceLine sites, proceed to reject sample in eTraceLine	**Reject** the specimen See Procedural notes
DOB on request form does not match DOB on patient's history file ***Note:*** *Patient registration is allowed to register patients according to verbal "Day" of birth provided (even if it differs from MB Health registration card). Month and year must be registered as it appears on MB Health card. Patients are required to submit birth certificate to MB Health and request updated card.*	1. Verify DOB in MB Health database 2. If possible, verify DOB with patient 3. Document findings on patient's request form 4. If patient presents with MB Health registration card and discrepancy is **minor** whereby "Day" is listed as "1" due to missing information and month and year are correct	Process the specimen
	5. If discrepancy is **significant** such as entire DOB incorrect or significant difference in year may indicate wrong patient collected: • Document reason for rejection on request form • Notify collecting facility/ward/clinic • Request new specimen and request form • Document name of person notified, date/time and tech initials on request form • For non-eTraceLine sites, initiate *Specimen Error Report and Waiver F10-50-038* • For eTraceLine sites, proceed to reject sample in eTraceLine	**Reject** the specimen
Patient historical file does not match current patient information	1. Verify patient information in MB Health Database 2. Document findings on patient request form 3. If historical information is incorrect	**Update** patient file and process the specimen
	4. If current information is incorrect (patient not registered as per MB Health Database): • Document reason for rejection on request form • Notify collecting facility/ward/clinic • Request new specimen and request form • Document name of person notified, date/time and tech initials on request form • For non-eTraceLine sites, initiate *Specimen Error Report and Waiver F10-50-038* • For eTraceLine sites, proceed to reject sample in eTraceLine	**Reject** sample and notify ward to correct the info and initiate recollection

Note: *All faxes for resolution must be retained with the request form*

5.0 Reporting

5.1 Rejected specimen

5.1.1 eTraceLine sites shall:

- Reject specimen in eTraceLine and generate report indicating rejection
- Send rejection report to requesting facility/ward
- Refer to procedures: *Rejection of Samples in eTraceLine for Non-Testing Sites* and *Reception/Rejection of Samples in eTraceLine for Testing Sites*

5.1.2 non-eTraceLine sites shall:

- Document reason for rejection on request form
- Notify collecting facility/ward/clinic to initiate recollection
- Document name of person notified, date/time and tech initials on request form
- Send copy of request form to ordering facility/location
- Initiate *Specimen Error Report and Waiver F10-50-038*
- Complete *Specimen Error Report and Waiver F10-50-038*, if applicable to facility protocol:
    - Retain photocopy with blood bank's/BTS copy of request form
    - Retain photocopy in Quality Assurance binder
    - Send original to Lab Manager/DSM Quality

5.2 All faxes for resolution of discrepancies must be retained with the request form

6.0 Procedural Notes

6.1 When multiple specimens are received on a patient and one specimen meets rejection criteria but the others are acceptable, proceed with processing specimens which meet the acceptance criteria.

6.2 If rejected specimen is for a **STAT** crossmatch, communicate directly with patient's physician/ authorized practitioner.

Note*: If blood is required prior to specimen recollection, notify physician/ authorized practitioner emergency uncrossmatched red cells will be issued*

6.3 No leniency in specimen labelling is permitted, especially when rejection is due to missing information or discrepancy in patient's name and/or unique identification number.

6.4 When in doubt about whether a specimen should be accepted, contact the charge technologist or designate. The BTS Medical Director or designate/ TM physician on-call may also be consulted.

6.5 If a physician questions the rejection of a specimen and/or the release of emergency uncrossmatched red cells, the BTS Medical Director or designate/ TM physician on-call may be contacted and asked to consult with the physician/authorized practitioner.