



CONWAY MEDICAL CENTER

PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	LAB-SPC-04.04 Laboratory Sample Submissions-PRO		
ISSUED BY:	Administrative Lab Director	REFERENCE #:	LAB-SPC-04.04-PRO
APPROVED BY:	Lab Director	EFFECTIVE DATE:	2004-06-02

SCOPE: All potential collectors of laboratory samples.

PRINCIPLE: Proper sample submission is imperative to receipt of quality results.

SAMPLE SUBMISSION ALERT: ALL IN-HOUSE SAMPLE COLLECTIONS MUST BE SUBMITTED TO THE LABORATORY AS SOON AS POSSIBLE. There is a maximum two hour limit from collection to receipt in the lab. BEST practice for patient care would include immediate receipt of samples.

PROCEDURE:

I. BLOOD COLLECTION DURING BLOOD PRODUCT TRANSFUSIONS:

- A. Blood samples should not be drawn from the same arm in which a patient is currently being transfused with a Blood Product.
- B. Coagulation tests (PT/PTT/Fibrinogen/D-Dimer/etc.) should not be drawn until at least 15 minutes post transfusion of Fresh Frozen Plasma (FFP). The actual units will be marked using a Blue label to signal the phlebotomist that a blue top tube cannot be collected during the transfusion of that product.
- C. No part of a CBC which includes WBC/RBC/Hgb/Hct/Platelets should be drawn until at least 15 minutes post transfusion of Packed Red Cells. The actual units will be marked using a Purple label to signal the phlebotomist that a purple top tube cannot be used during the transfusion of that product.
- D. Platelet Counts should not be drawn until at least 15 minutes post transfusion of Platelets.

II. TRANFUSION COLLECTION ALERTS:

- A. PURPLE labels on the product indicate that no purple top tube should be collected .
- B. BLUE labels on the product indicate that no blue top tube should be collected.

NOTE: The laboratory phlebotomists will move any testing that should not be collected during a transfusion, to the next collection time.

III. BLOOD SAMPLE SUBMISSION REQUIREMENTS:

- A. Proper tube type and volumes
- B. Proper patient labeling from nursing units without a lab labels printer:



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1. LIS label whenever possible(LIS label printer located in main lab, Outpatient lab, ODSU, KNC)
 2. Demographic label with required information
 3. Hand written label with required information
- C. Other required information:
1. Collect date and time
 2. Collector sign on (lab staff can use unique initials)
- D. See blood bank protocols for the identification and proper banding of patients for blood and blood products.

IV. URINE SUBMISSIONS:

- A. Inpatient urine orders can be entered **ONLY** after obtained.
- B. Refer to all submission identification requirements above:
- C. Container requirements:
 1. Proper container – with secured lid
 2. Demographics and information above **ONLY** on the container...**NEVER THE LID**
 3. Placed in a biohazard bag (include STO paper whenever possible)

NOTE: WHEN URINE AND URINE CULTURE ORDERED ON THE SAME URINE SAMPLE THIS SHOULD BE INDICATED ON THE SAMPLE FOR PROPER PROCESSING.

V. RADIOLOGY SUBMISSIONS:

- A. Body Fluids (other than CSF): Aliquots should be submitted in
 1. Lab staff will order the tests in the computer.
 2. Radiology staff are responsible for assuring that the lab receives ALL orders that are associated with the submitted sample.
- B. Minimal Samples: When radiology is able to retrieve only a small sample amount (1cc or less), the sample should be submitted in the original syringe **IF** the needle had been appropriately removed and discarded.

NOTE: Designated staff will determine test set up sequencing (priority) and will contact the Radiology department if any of the testing ordered cannot be performed due to the sample size.

VI. FLUID SUBMISSIONS: Any body fluid or fluid type other than urine **MUST BE INDICATED ON THE SAMPLE CONTAINER. Sample Type and Sample Source are REQUIRED.**

VII. PHYSICIAN COLLECTIONS: Physician name must be indicated on the sample.



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VIII.NEEDLES WITH SYRINGES: Rejected by the laboratory. Irretrievable samples may be accepted with proper permissions.

RECORDS: NA

REFERENCES: University of Michigan, pathology.med.umich.edu/bloodbank

REFERENCE STANDARDS:CAP GEN.40016; GEN.40032; GEN.40050; GEN.40100
GEN.7100; COM.06000;06100

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
05/16/2011lds	None	Review/Revisions saved electronically in G drive.
11/01/2011lds	FORMAT	Changed to MCN policy manager format.
03/14/2013lds		New format. Reviewed. No changes.
04/04/2013lds	"V"	Added section for Radiology samples
08/20/2013lds	"VI"	Added
03/19/2015lds	"V" B	Changed from Micro staff to designated staff
01/26/2016lds	Sample Submission Alert	Added alert to insure timely submission
2/13/2016 lp	Reference Standards	Updated reference standards
9/13/2017 lds	V "C"	Removed reference to Meditech
07/12/18 dlt	Standards	Updated CAP Standards-No content changes