



## CLINICAL POLICY

### Collection and Logging of Laboratory Specimens

**A. EFFECTIVE DATE :**

May 18, 2021

**B. PURPOSE :**

To establish a guideline for collecting and logging laboratory specimens from UConn ambulatory care areas.

**C. POLICY :**

All specimens collected in University Medical Group (UMG) ambulatory clinics will be collected, labeled and logged accurately to prevent mislabeling of patient identification and prevent leakage of specimen waiting for and during transport to laboratory.

**D. SCOPE :**

JDH based and ambulatory UMG clinics

**E. DEFINITIONS :**

None

**F. MATERIAL(S) NEEDED :**

None

**G. PROCEDURE :**

1. Two patient identifiers must be used when collecting specimens.
2. Specimens must be completely and accurately labeled in the presence of the patient to prevent mislabeling.
  - a. Ask the patient to state his/her name and their date of birth; compare it to the information on the label and the requisition.
  - b. Any discrepancies, however minor, must be corrected before proceeding. Contact the ordering physician, nurse or appropriate individual in the patient care area where the requisition originated. Assure specimen is securely sealed before bagging to prevent leakage.
3. Laboratory specimens must be bagged in the dirty utility room and/or patient room.
4. Specimen log sheet must be completed before placing the specimen for transportation. The following information must be entered in the log sheet:
  - a. Laboratory Information System (LIS) labels or specimen labels of the patient.
  - b. Date and time the specimen being placed for courier pick up.
  - c. Number of specimens and types of specimen placed for courier pickup.
  - d. Initials of the person placing the specimen for courier pickup.

5. Courier person must sign off with date and time on the log sheet when the specimens are picked up for transportation.

**H. ATTACHMENTS :**

None

**I. REFERENCES :**

None

**J. SEARCH WORDS :**

Specimen, Transportation, Collection, Logging

**K. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**L. STAKEHOLDER APPROVALS :**

On File

**M. COMMITTEE APPROVALS :**

None

**N. FINAL APPROVAL :**

- |   |                           |
|---|---------------------------|
| 1. <u>Andrew Agwunobi, MD (Signed)</u><br>Andrew Agwunobi, MD, MBA<br><b>UConn Health Chief Executive Officer</b>   | <u>06/30/2021</u><br>Date |
| 2. <u>Anne D. Horbatuck, (Signed)</u><br>Anne D. Horbatuck, RN, BSN, MBA<br><b>Clinical Policy Committee Co-Chair</b>   | <u>06/30/2021</u><br>Date |
| 3. <u>Scott Allen, MD (Signed)</u><br>Scott Allen, MD<br><b>Clinical Policy Committee Co-Chair</b>  | <u>06/23/2021</u><br>Date |
| 4. <u>Caryl Ryan (Signed)</u><br>Caryl Ryan, MS, BSN, RN<br><b>Interim Chief Operating Officer, JDH</b><br><b>VP Quality and Patient Services &amp; Chief Nursing Officer</b> | <u>06/21/2021</u><br>Date |

**O. REVISION HISTORY :**

Date Issued: 4/2014

Date Revised: 5/2021

Date Reviewed: