PATH LINKS
NHS PATHOLOGY

# Expected Standards of Pathology Request Form and Sample Labelling

# EXT-STD-9

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**Purpose**

This standard sets out the requirements for the correct labelling of Pathology samples and request forms sent to all Path Links laboratories. It is intended for all users of Path Links Pathology Services including NHS Trusts, Primary Care, and Independent healthcare providers.

For all pathology requests, it is essential that both request forms and samples contain an accurate and adequate amount of information to ensure patient safety. Each request form must be completed accurately, comprehensively and legibly. The use of electronic requesting (Web V, Dart OCM) ensures compliance with this standard when used correctly.

This standard must be used in conjunction with Trust/local Policies/Procedures for Patient Identification as appropriate.

It is **ESSENTIAL** that the person requesting and collecting the sample ensures that they have correctly identified the patient prior to sample collection.

Samples must be labelled at the time of collection by the person collecting the sample. They must not be labelled prior to or remotely from the patient after collection.

**Unknown / Unconscious patients**

When the sample is from an unknown / unconscious patient, a unique identifier e.g. Accident and Emergency number must be supplied. Full details of the patient when they become known and confirmed as accurate, must be passed to the Laboratory as soon as possible to enable records to be updated.

**Confidential patients**

Where the patient identity is confidential e.g. GUM patients, as much information as possible should be written on both request form and sample to enable positive identification. This must include the provision of a specific patient identification number on both sample and form. GUM patients should also provide gender and date of birth.

**Processing of Samples**

Path Links will seek to manage and minimise the number of rejected samples and requests by monitoring defect rates and providing feedback where there are recurrent issues.

Samples and request forms will be compared against the mandatory criteria defined in this standard. Where Path Links is satisfied that the sample and request meet the mandatory criteria we will proceed to process the request. It is important that handwriting is clear and legible in order to facilitate processing.

Where the mandatory criteria fail to be met, samples / requests will be triaged and assessed. All defects will be logged and recorded for audit purposes.
Requestors are not permitted to manually alter the original sample label following

identification of defective labelling. Minor discrepancies may be accepted if they meet the acceptable criteria defined below.

WHERE PATH LINKS IS NOT SATISFIED THAT THE SAMPLE AND/OR REQUEST HAVE MET THE MANDATORY CRITERIA OR MINOR DISCREPANCY CRITERIA, WE WILL NOT PROCESS THE SAMPLE AND WILL REJECT THE REQUEST.

WHERE WE ARE UNABLE TO READ HANDWRITING WE WILL NOT BE ABLE TO ASSESS WHETHER THE MANDATORY CRITERIA HAVE BEEN MET AND WILL REJECT THE REQUEST.

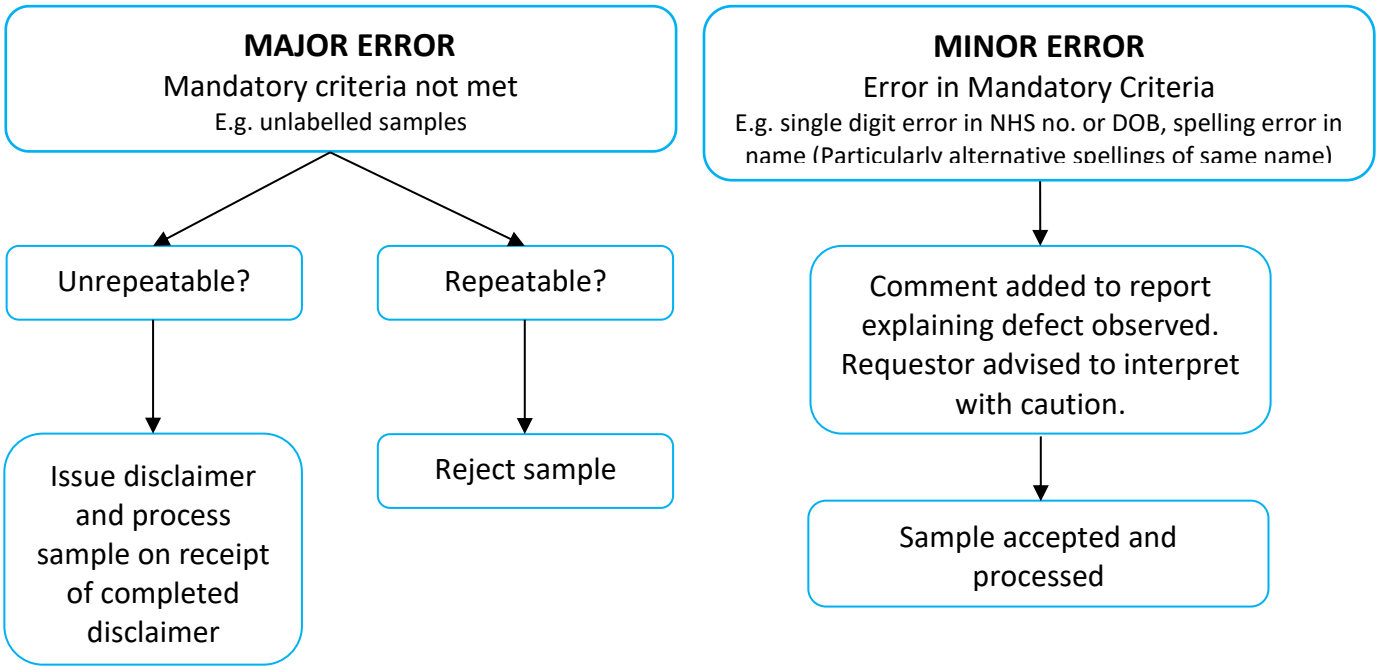
**Use of Disclaimer**

Path Links will permit the use of a disclaimer **ONLY** where the sample is unrepeatable. There are very limited circumstances where this would apply. All Cellular Pathology (Histology/Cytology) samples, those that are time / event dependent e.g. timed drug series and those with invasive procedures e.g. CSF are classed as unrepeatable.

The majority of Blood Science and Microbiology samples will be classed as repeatable.

For Blood Transfusion, British Standards in Haematology (BSH) guidelines state that samples with any labelling defects must not be processed. In the event of a life threatening situation un-crossmatched blood will be issued pending the receipt of a correctly labelled sample.

**Labelling discrepancies Flow Chart**



# BLOOD SCIENCES & MICROBIOLOGY

| REQUEST FORM LABELLING | SAMPLE LABELLING |
|---|---|

## MANDATORY CRITERIA

These identifiers **MUST** be present

**NHS Number***

**Surname**

**Forename**

**Date of Birth**

**High Risk Status (if relevant)**

Use of addressograph labels on the request form to provide the above criteria is permitted.

*Hospital Number is an acceptable alternative for non-UK residents where NHS number is unavailable.

**Surname**

**Forename**

**Date of Birth**

**High Risk Status (if relevant)**

## CRITICAL CRITERIA

These identifiers **SHOULD** be present

**Location / Clinician** – Enables requests to be traced to originating source and reports to be sent to the correct locations. Please use Practice / GP codes where available. State full GP and Practice name (Inc. town / village) if code is not known. Hospital site should be stated for secondary care requests to avoid misdirection of reports. 'Copy to' field must be completed in full where results need to be sent to an additional location

**Date and Time of Collection** – Ensures results are presented in correct chronological order. Failure to comply may impact on clinical process or present a patient safety issue

**Clinical Details / Treatment Details** – Enables interpretative advice or advice regarding appropriate treatment

**Sample Type and Site (Microbiology)** – Ensures correct tests are performed and appropriate antimicrobials recommended

**Address and Postcode (Microbiology)**

**Gender** – Ensures results are reported against correct reference ranges

**Name & Signature of Requestor**

**NHS Number or Hospital Number**

**Date and Time of Collection**

**Signature of Person Collecting the Sample**

**Location**

# BLOOD TRANSFUSION

## REQUEST FORM LABELLING

## SAMPLE LABELLING

### MANDATORY CRITERIA

These identifiers **MUST** be present

**NHS Number***

**Surname**

**Forename**

**Date of Birth**

**Sex at birth**

**Location**

**Clinician**

**Name and Signature of Requestor**

**Clinical Details**

**Indication for Transfusion (if requested)**

**High Risk Status (if relevant)**

Use of addressograph labels on the request form to provide the above criteria is permitted.

*Hospital Number is an acceptable alternative for non-UK residents where NHS number is unavailable.

**NHS Number***

**Surname**

**Forename**

**Date of Birth**

**Date and Time of Collection**

**Signature of Person Collecting the Sample**

**High Risk Status (if relevant)**

*Hospital Number is an acceptable alternative for non-UK residents where NHS number is unavailable.

All transfusions samples MUST be hand labelled, printed labels or electronic requests are not

### CRITICAL CRITERIA

These identifiers **SHOULD** be present

**Date and Time of Collection** – Ensures results are presented in correct chronological order. Failure to comply may impact on clinical process or present a patient safety issue

**Pregnancy Status**

**Location**

# CELLULAR PATHOLOGY

| REQUEST FORM LABELLING | SAMPLE LABELLING |
|---|---|

## MANDATORY CRITERIA

These identifiers **MUST** be present

**REQUEST FORM LABELLING**

**NHS Number***

**Surname**

**Forename**

**Date of Birth**

**Location / Clinician**

**Date of Collection**

**Sample Type and Site**

**Clinical Details including relevant History and therapy**

**High Risk Status (if relevant)**

Use of addressograph labels on the request form to provide the above criteria is permitted.

*Hospital Number is an acceptable alternative for non-UK residents where NHS number is unavailable.

**SAMPLE LABELLING**

**NHS Number***

**Surname**

**Forename**

**Date of Birth**

**Date of Collection**

**Site of Specimen**

**Fixation Status of Clinically Prepared Microscope Slides**

**High Risk Status (if relevant)**

Use of addressograph labels on the sample to provide the above criteria is permitted.

*Hospital Number is an acceptable alternative for non-UK residents where NHS number is unavailable.

## CRITICAL CRITERIA

These identifiers **SHOULD** be present

**Time of Collection** – Ensures adequate fixation of specimen

**Priority Referral / 2 Week Wait (2WW) / 31/62 Stickers** – Ensures identification of patients on cancer pathways

**Name and Signature of Requestor**

**Time of Collection**

**Signature of Person Collecting the Sample**

**Location**