



## North Mississippi Medical Center

Pathology Department

Policy #: 01.LAB.7020.0046.0322

### Title: Proper Labeling of Laboratory Specimens

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**Rationale:** In order to obtain quality laboratory test results, it is imperative that all specimens be properly labeled.

**Policy:** All primary specimen containers should be labeled with at least two patient-specific identifiers (patient first & last name and medical record number and/or date of birth).

- I. Clinical Laboratory Specimens (Inpatients & Outpatients):
  - A. It is imperative that all specimens be labeled properly in the patient's presence. Specimens must not be removed from the patient's presence until they have been properly labeled. Under no circumstances should specimen containers/tubes be labeled *before* they are filled.
  - B. If preprinted barcode labels with two out of three identifiers (patient first & last name and medical record number and/or date of birth) are utilized in labeling specimens, then handwritten entries for the actual date, time of collection and initials and/or personal identification number must be made on the label.
  - C. If there is no preprinted barcode label, then the specimen **MUST** be labeled with two out of three identifiers (patient first & last name and medical record number and/or date of birth), date and time of collection, and initials and/or personal identification number of person procuring specimen. Examples of other acceptable identifiers include but are not limited to social security number, and financial number. A location (e.g. hospital room number) is not an acceptable identifier. Any other items, such as patient's age, sex, laboratory test requested, department, unit, or room number where a patient is located should be included on the label.
- II. Clinical Laboratory Specimens (Non-Patients):
  - A. All submitted primary specimen containers must be labeled with two out of three identifiers (patient first & last name and medical record number and/or date of

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birth). Examples of other acceptable identifiers include but are not limited to: social security number, requisition number accession number, unique random number. A location is not an acceptable identifier.

- B. Outreach Services will provide a list of acceptable identifiers to its clients and communicate the importance of this requirement.
- C. Outreach Services will follow up with clients via memoranda, phone calls, client visits, or other means when inadequately labeled specimens are received.

### III. Clinical Laboratory Specimens (All):

- A. For specimens that are without barcode labels and have handwritten labels, when the barcode is available it must be placed on the specimen tube/container, making certain identification on the specimen matches the barcode. **The label MUST be placed on the specimen tube/container in a way that the handwritten patient's name is still visible and can be verified by personnel performing testing.** The date, time of collection, and initials and/or personal identification number of person who procured specimen should be noted on barcode label. Also, the person placing the barcode label on the specimen should handwrite their tech code number followed by the letter "L" to denote their labeling of specimen.

### B. Unlabeled Specimens:

If any specimen is received unlabeled without proper patient identification, then specimen should be recollected.

### C. Aliquots of Original Specimen:

Aliquots should be labeled, if practically possible, with the same identifying information listed on the original specimen container. Reprinting of original barcode labels may be utilized to facilitate labeling of aliquots.

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However, any handwritten information (such as specimen draw time, collector's initials, etc.) on original specimen barcode label should also be included on aliquot barcode label.

In certain circumstances, aliquot container size may limit the amount of information that can be placed on the aliquot container. In these cases, the aliquot should be labeled with a unique identifier traceable to the primary specimen container (i.e. the accession number of the original specimen or surgical/anatomic case number). The accession number is unique for the time period (seven days) that the specimen will be stored in the laboratory. This accession number can be used to audit back to full particulars of original patient specimen.

Certain limited volume specimens may warrant the use of previously aliquoted specimens. Adding on of additional testing or needing additional sample to repeat/confirm initial testing are cases in which previously aliquoted specimens may need to be utilized. When these situations occur, the identifying information on the aliquoted specimen must be compared to the identifying information on the original specimen to prevent cross-contamination.

Aliquots must not be returned to the original specimen container for specimens to be used for molecular-based testing or forensic drug testing, or for biorepository storage.

On all aliquots, the person labeling the aliquot, should handwrite their tech code number followed by the letter "L" to denote their labeling of specimen.

### **D. Dilutions of Original Specimen:**

Dilutions should be labeled, if practically possible, with the same identifying information listed on the original specimen container. Reprinting of original barcode labels may be utilized to facilitate labeling of dilutions. However, any handwritten information (such as specimen draw time, collector's initials, etc.) on original specimen barcode label should also be included on dilution barcode

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label. Also, included on the dilution container should be the concentration of the dilution (e.g. 1:5, 1:10, etc.).

In certain circumstances, dilution container size may limit the amount of information that can be placed on the dilution container. In these cases, the dilution should be labeled with the accession number of the original specimen and the concentration of the dilution (e.g. 1:5, 1:10, etc.). This accession number is unique for the time period (seven days) that the specimen will be stored in the laboratory. This accession number can be used to audit back to full particulars of original patient specimen.

On all dilutions, the person labeling the dilution, should handwrite their tech code number followed by the letter "L" to denote their labeling of specimen

### E. Correction of Information on Specimen Labels:

If laboratory personnel become aware of a potential error in patient identification or other misinformation on a specimen label, the specimen should be recollected.

If recollection is not possible or practical, such as with CSF or Bone Marrow specimens, then corrections may be made to the specimen label. A correction may also be made if MIS patient registration was incorrect.

The type correction made, person making correction, and any other pertinent information should be noted as a comment on the testing report. A Safety Solution should also be completed on the incident. Documentation of Safety Solutions and their corrective action are maintained in monthly Good Catch folder.

For anatomic specimens: If recollection is not possible or practical then corrections may be made to the specimen label with approval from Pathologist performing gross exam. Any discrepancy should be noted in dictation by the Pathologist. This note should be included in the specimen's final report. A correction may also be made if

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MIS patient registration was incorrect.

**F. Storage of Mislabeled Specimens:**

Specimens that are mislabeled should be placed in a biohazard bag. This should then be placed in Mislabeled Specimen basket in the bottom drawer of the Specimen Storage refrigerator. These specimens should be kept for 21 days.

**G. Specimens Sent to Reference Laboratories:**

When it is necessary that an additional barcode label be applied to referred specimens, the employee applying the additional barcode label should initial the label.

**H. For specimens where site of origin is critical to the analysis (e.g. site specific cultures, surgical and cytology specimens), the primary specimen container and/or requisition must clearly identify the site of origin, and as appropriate, the laterality of the specimen (right versus left). If more than one specimen container is submitted with one requisition, each container must be labeled in a manner to ensure linkage of the specimen to the site of origin and laterality.**

**Procedure:** N/A

**References:** N/A

**Distributed To:** Pathology (Main Unit and Women's Hospital)

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