JHP Laboratories

Title: **Specimen Reception** Document: SPEC-P-01				
Applies to: **JHP Laboratory Staff**	Version: 1.0	Supersedes: N/A	Effective Date: 28-May-12	
	Name	**Signature**	**Title**	**Date**
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Revision History

Revision	Date	Author	Change Reference	Reason for Change

GENERAL

This document describes the procedure to be used when receiving specimens in the laboratory.

BIO-HAZARD SAFETY

1. Lab coats and gloves are required for this procedure. If removing of specimen tube top is required use of eye protection is recommended.
2. Universal Precautions are to be followed. Refer to Laboratory Safety – General (SAFE-6) for more information.

MATERIALS REQUIRED

- Specimen Discrepancy/Rejection Log (Appendix I)

PROCEDURE

1. Specimens are brought to the laboratory as outlined in SPEC-T-01 Specimen Transport Within QECH Complex or SPEC-T-02 Specimen Transport outside QECH Complex – Category B.
2. The clinic staff member brings the specimens to the laboratory's Specimen Reception area of the Central Processing Department (CPD) where s/he will meet a member of the lab staff.
   a. If there is no one in CPD to receive the sample, the nurse or courier contacts a Lab Supervisor or the Lab Manager by going to their office or via phone.
   b. The Supervisor or Manager will send the appropriate staff member to receive the sample or will go to CPD to receive the sample themselves.
3. All samples must have the appropriate form(s) which will be reviewed to ensure they are correctly completed.
   a. Laboratory Test Request Form (LTRF) (if protocol specimens): participant identification (PID), date of birth or age, gender, date and time of specimens collected, phlebotomist initials, clinician's name, visit number, study/network name, protocol number, required testing, specimen type, number of tubes collected and tests requested.
   b. LDMS Specimen Tracking Sheet (if protocol specimens): participant identification (PTID), visit number, specimen collection date, study/network name, protocol number, number of tubes collected, specimen type, additive type.
   c. Non-study participant request form(s) (if non-protocol specimen): patient identification information, specimen collection date, collection time, phlebotomist initials, clinician's name, required testing, etc.
4. The lab staff receiving the samples will write the time the samples were received in the laboratory on the study-specific LTRF.
   a. The time of receipt will be compared to the time of collection to assess whether the specimen(s) have been received within an acceptable time depending on the testing required.
   b. If the specimens were delayed, the lab staff receiving the specimens will document on the LTRF and/or LDMS Specimen Tracking Sheet that the specimen(s) were not received in the lab within the appropriate time.
5. The lab staff receiving the samples will verify that the information on the LTRF and the LDMS Specimen Tracking Sheet matches what is on the specimen label(s).

6. When discrepancies are found between the testing request, LTRF, LDMS Specimen Tracking Sheet and/or the specimens, the problem(s) will be corrected prior to any testing taking place.
   a. If a nurse brought the samples and is still in the laboratory, they will be shown the discrepancies and asked to make the appropriate corrections. If they have left the laboratory, see the following:
   (i) If a courier brought the sample or if the clinic nurse who brought it has left the laboratory, the receiving lab staff will phone the clinic to notify them of the problem.
      – The specimens (<u>all</u> specimens contained on the testing request/LTRF/LDMS Specimen Tracking Sheet) will be either held (until a staff person comes to the laboratory) or returned to the clinic for correction.
      – The samples will be rejected if the problem is not corrected within the stability of the specimen(s) (stability time is dependent on the testing requested). See SPEC-S-01 Specimen Rejection.
   b. All errors and corrections that result in the samples being held or returned to the clinic will be documented on the Specimen Discrepancy/Rejection Log (Appendix I) **<u>even</u>** if the problem(s) were resolved.
7. The lab staff will confirm all tests that are to be performed by referring to the specimen processing chart for each protocol (if appropriate or required).
   a. If testing is requested that is not on the chart for that visit, the clinic will be contacted for verification.
   b. The verification will be documented on LTRF.
8. Upon verification of information and acceptability of the sample, the clinic staff will enter the date and the time samples were brought to the lab and their initials. The lab staff receiving the specimens will initial on the LTRF indicating he/she has received the specimens at the laboratory.
9. Specimens, LTRF and the LDMS Specimen Tracking Log will be routed to Processing. See SPEC-P-02 Specimen Processing.
10. The Specimen Discrepancy/Rejection Log(s) will be reviewed by the QA/QC staff as required in the laboratory QA management SOP.

Specimen Discrepancy/Rejection Log

Date	Tech	PTID	DOB	Visit#	Problem (must add specifics)	Outcome
					☐ Incomplete labeling or labeling occurred in lab (explain below) ☐ Discrepancy (explain below) ☐ Unacceptable specimen ☐ Clotted ☐ Incorrect tube type ☐ Short draw (EDTA/Na citrate) ☐ Hemolyzed, degree: ☐ Other: Explain:	☐ Problem corrected by clinic (by/date/time) ☐ Unacceptable specimen destruction approved (by/date/time) ☐ Other (specify)
Clinic notified: _____ Date: Time:		Protocol contacted: _____ Date: Time:				
Comments:						
Date	**Tech**	**PTID**	**DOB**	**Visit#**	**Problem (must add specifics)**	**Outcome**
					☐ Incomplete labeling or labeling occurred in lab (explain below) ☐ Discrepancy (explain below) ☐ Unacceptable specimen ☐ Clotted ☐ Incorrect tube type ☐ Short draw (EDTA/Na citrate) ☐ Hemolyzed, degree: ☐ Other: Explain:	☐ Problem corrected by clinic (by/date/time) ☐ Unacceptable specimen destruction approved (by/date/time) ☐ Other (specify)
Clinic notified: _____ Date: Time:		Protocol contacted: _____ Date: Time:				
Comments:						
Date	**Tech**	**PTID**	**DOB**	**Visit#**	**Problem (must add specifics)**	**Outcome**
					☐ Incomplete labeling or labeling occurred in lab (explain below) ☐ Discrepancy (explain below) ☐ Unacceptable specimen ☐ Clotted ☐ Incorrect tube type ☐ Short draw (EDTA/Na citrate) ☐ Hemolyzed, degree: ☐ Other: Explain:	☐ Problem corrected by clinic (by/date/time) ☐ Unacceptable specimen destruction approved (by/date/time) ☐ Other (specify)
Clinic notified: _____ Date: Time:		Protocol contacted: _____ Date: Time:				
Comments:						

Reviewed by _____ Date: _____

Review of Standard Operating Procedure for

Title: Specimen Reception

SOP: SPEC-P-01 Version: 1.0 Eff. Date: 28-May-12

Training date (if applicable): _____ Trainer: _____

By signing below, I hereby state that I have read the SOP listed above and have asked questions when I didn't understand it. I now fully understand the new and/or modified SOP and all appendices and will perform the procedure as stated in the SOP.

If applicable, the training date and trainer's initials are documented on the form.

Date	Print Name	Position	Signature