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	Effective Date:	08-30-2022
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	Document Title:	<b>SARS-COV-2 SAMPLE LABELING</b>

### **PURPOSE:**

This procedure describes optimal conditions and procedure for collection of respiratory specimen for COVID-19 testing and explains how to label a sample correctly before it is sent to the laboratory for testing.

### **SCOPE:**


Applies to all Molecular Laboratory staff of Dr. Pablo O. Torre Memorial Hospital.

### **PERSON RESPONSIBLE:**

Medical Technologist, Molecular Biology Laboratory Analysts

### **GENERAL GUIDELINES:**

1. Medical Technologist assigned for sample collection must obtain labelling information and verify this information as correct with the patient before collecting the patient's specimen.
  - 1.1. Use 2 patient identifier.
    - a) Compare the information supplied by the patient with:
    - b) Information indicated on the Lab Request Form
    - c) Hospital records (if the patient is admitted to the hospital) or with the social security card or other legal identification (if the patient is not admitted).
  - 1.2. If there is concordance of the patient identifying information, the collector can proceed to specimen collection.
2. Before starting specimen collection, in the presence of the patient, label all specimen containers with indelible ink with the following information:
  - 2.1. Patient's first and last names (including maiden name if applicable);
  - 2.2. Personalized identification number (e.g. government ID, Company ID)
  - 2.3. Date of birth;
  - 2.4. Sex;


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- 2.5. Date and hour of specimen collection;
- 2.6. Type of specimen;
- 2.7. Specimen collector's name.
3. The specimens will be accepted if they meet the acceptability criteria established and detailed in the *SOP Sample Rejection or Acceptance*.
4. Problems and solutions.
  - 4.1. If the hospitalized patient has no identity number: ask the patient's nurse or responsible party to confirm the patient's identity. Never trust the information found at the end of the bed. Resolve any discordance before proceeding to specimen collection.
  - 4.2. If the patient cannot give his/her name: ask the person accompanying the patient. Resolve any discordance before proceeding to specimen collection.
  - 4.3. If the patient's information does not correspond to information written down on the Test Request Form: communicate with the person accompanying the patient and resolve any discordance before proceeding to specimen collection.

#### **PROCEDURE:**

1. Medical Technologist assigned for specimen collection receives request/ or assessment for SARS-COV-2 RT-PCR Testing.
2. Medical technologist then goes to the assigned area for sample collection. Upon arrival, the medical technologist must verify patient's data by letting the patient state his name and his birthday. In cases where, patient is unconscious, verify the patient data through the next of kin or folks available and or nurse in charge.
3. Before collection, make sure that the patient has completely filled out the Case Investigation Form.
4. Medical technologist must verify the patient's identity and that of the prescribing doctor.

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5. In cases where patient is unconscious, verify the patient's identity through the folks or next of kin if there is any, if none, verify through the nurse-in-charge.
6. Medical technologist labels the primary and secondary containers in the presence of patient.
7. Label specimen in the presence of the patient, label all specimen containers with indelible ink with the following information:
  - 7.1. Patient's first and last names (including maiden name if applicable)
  - 7.2. Personalized identification number (e.g. social security, company ID)
  - 7.3. Date of birth
  - 7.4. Sex
  - 7.5. Date and hour of specimen collection

(See Annex 3 for Sample Labelling guide.)
8. Medical technologist must write clearly and legibly.

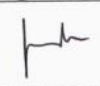





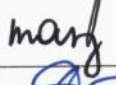

#### **REFERENCES:**


1. <http://ritm.gov.ph/announcements/download-case-investigation-form-cif-here>
2. Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19, <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html> .
3. RITM BioRisk Managment Office, Interim Biosafety Guidelines for Handling and Testing SARS-CoV-2 (COVID-19) specimens, March 15, 2020.



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	Document Title:	SARS-COV-2 SAMPLE LABELING


**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>JESSA CHRIS B. REMOLLENO, RMT</b> Medical Technologist/ Molecular Biology Analyst		9/02/2022
Verified:	<b>DAVID G. PEDROZA, MD</b> Associate Pathologist		9/2/22
	<b>MONICA B. VILLANUEVA, RN, RMT, PhD</b> Laboratory Director		9-2-22
	<b>MELANIE ROSE B. ZERRUDO, MD, FPSP</b> Chair, Department of Pathology		9-2-2022
Reviewed by:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		09-02-2022
Recommending Approval:	<b>ROSARIO D. ABARING, MN, MBA-HA, PhD, FPCHA</b> Ancillary Services Division Officer		09.05.2022
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		9-13-21
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		9/22/22

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# ANNEX 1:

## TEST REQUEST FORM

 <p><b>DR. PABLO O. TORRE MEMORIAL HOSPITAL</b></p> <p>Owned and Operated by Riverside Medical Center Inc.</p> <p>B.S. Aquino Drive, Bacolod City</p>	<p><b>STATION 1 / 200</b></p> <p><b>OUTPATIENT DEPARTMENT</b></p>											
	<p>Patient Name:</p> <p>Admission No.:</p> <p>Company/HMO:</p> <p>Hospital No.:</p> <p>Age / Gender / BDate:</p> <p>Attending Physician:</p>	<p>Income Center: LABORATORY</p> <p>Transaction No.:</p> <p>Document No.: CH</p> <p>Reference Date:</p> <p>Patient ID:</p> <p>Track No.:</p>										
<table border="1"> <thead> <tr> <th>Items Description</th> <th>Qty.</th> <th>Price</th> <th>Amount</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>COVID-19 RT- PCR</td> <td>1.00</td> <td>6,000.00</td> <td>6000.00</td> <td></td> </tr> </tbody> </table>	Items Description	Qty.	Price	Amount	Remarks	COVID-19 RT- PCR	1.00	6,000.00	6000.00		<p>Remarks:</p> <p>Requested By:</p> <p>Request Time / Date:</p> <p>Rendered By:</p> <p>Rendered Time / Date:</p>	
Items Description	Qty.	Price	Amount	Remarks								
COVID-19 RT- PCR	1.00	6,000.00	6000.00									
		<p>Total&gt;&gt;&gt; 6,000.00</p> <p>Discount&gt;&gt;&gt; 0.00</p> <p>Net Amount&gt;&gt;&gt;</p>										





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## ANNEX 2:

## CASE INVESTIGATION FORM

		Philippine Integrated Disease Surveillance and Response			
Case Investigation Form Coronavirus Disease (COVID-19)					
*Required *Division Reporting Unit/Hospital: <b>RESEARCH INSTITUTE FOR TROPICAL MEDICINE</b>			Name of Investigator:		Date of interview: (mm/dd/yyyy)
<b>1. Patient Profile</b>					
*Last Name:		*First Name:	*Middle Name:	*Birthdate (mm/dd/yyyy)	*Age:
*Occupation:		*Civil Status:	*Nationality:		*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Passport No.:					
<b>2. Philippine Residence</b>					
<b>2.1 Permanent Address</b>					
*House No./ Building/ Street/ Subd. / Purok:		*Barangay:	*Municipality/City:	*Province:	
*Region:		*Home Phone No.:	*Cellphone No.:	*Email address:	
<b>2.2 Current Address</b>					
*House No./ Building/ Street/ Subd. / Purok:		*Barangay:	*Municipality/City:	*Province:	
*Region:		*Home Phone No.:	*Work Phone No.:	Other Email address:	
<b>3. Address Outside the Philippines (for Overseas Filipino Workers and individuals with Residence Outside the Philippines)</b>					
Employer's Name:		Occupation:		Place of Work:	
House No./Bldg Name:		Street:	City/Municipality:	Province:	
Country:		Office Phone No.:		Cellphone No.:	
<b>4. Travel History</b>					
History of travel/visit/work in other countries with a known COVID-19 transmission 14 days before the onset of signs and symptoms:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Part (Country) of exit:	
Airline/Vessel:		Flight/Vessel Number:		Date of Departure: (mm/dd/yyyy)	
				Date of Arrival in Philippines:	
<b>5. Exposure History</b>					
History of Exposure to Known COVID-19 Case 14 days before the onset of signs and symptoms:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes: Date of Contact with Known COVID-19 Case (mm/dd/yyyy):	
Have you been in a place with a known COVID-19 transmission 14 days before the onset of signs and symptoms?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes: Place: <input type="checkbox"/> Workplace <input type="checkbox"/> Social gathering <input type="checkbox"/> Health facility <input type="checkbox"/> Religious gathering <input type="checkbox"/> Others, specify type: _____	
		Date when you have been in that place (mm/dd/yyyy):		Name of the place:	
List the names of persons who were with you during this (these) exposure(s) and their contact numbers. Use the back part of this sheet when needed.		Name:		Contact number:	
<b>6. Clinical Information</b>					
Disposition at Time of Report: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Discharged <input type="checkbox"/> Died <input type="checkbox"/> Unknown		Date of Admission/Consultation (mm/dd/yyyy):			
Date of Onset of Illness (mm/dd/yyyy):					
Fever: _____ °C <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Colds <input type="checkbox"/> Shortness/difficulty of breathing		Is there any history of other illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other signs/symptoms, specify: _____		If YES, specify: _____			
Chest X-ray done? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, when? (mm/dd/yyyy))		Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
LMP (mm/dd/yyyy): _____		Admitted as High Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CXR Results: Pneumonia <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Other Radiologic Findings: _____			
<b>7. Specimen Information</b>					
Specimen Collected:		If YES: Date Collected (mm/dd/yyyy):		Date sent to RITM (mm/dd/yyyy):	
<input type="checkbox"/> Serum <input type="checkbox"/> Oropharyngeal <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Swab <input type="checkbox"/> Others: _____		Date received in RITM (do not fill up by RITM):		Viral Load Result:	
				PCR Result:	
<b>8. Classification</b>					
<input type="checkbox"/> Suspected Case		<input type="checkbox"/> Probable Case		<input type="checkbox"/> Confirmed Case	
<b>9. Outcome</b>					
Date of Discharge (mm/dd/yyyy):		Condition on Discharge: <input type="checkbox"/> Improved <input type="checkbox"/> Recovered <input type="checkbox"/> Transferred <input type="checkbox"/> Absconded <input type="checkbox"/> Died			
Name of informant: (if patient not available):		Relationship:		Phone No.:	


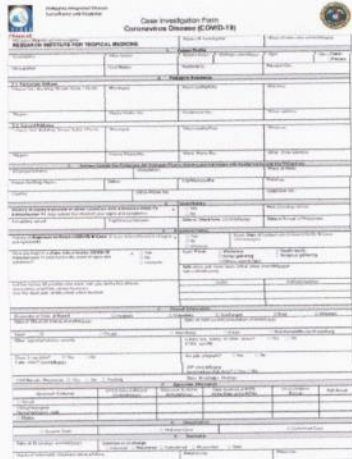


COVID-19 CFI for Regular Patient / Referred Patient | RITM version 2 | Updated 30 September 2020



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### ANNEX 3

### SAMPLE LABELLING







<p>Medical Technologist assigned for specimen collection receives request/ or assessment for SARS-COV-2 RT-PCR Testing. ( See Annex 1)</p>	<div><div><div><div>DR. PABLO O. TORRE MEMORIAL HOSPITAL</div><div>Owned and Operated by Riverside Medical Center Inc.</div><div>B.S. Aquino Drive, Bacolod City</div></div></div><div><div>STATION 1 / 200</div><div>OUTPATIENT DEPARTMENT</div></div><div><div>Patient Name:</div><div>Admission No.:</div><div>Company/HMO:</div><div>Hospital No.:</div><div>Age / Gender / BDate:</div><div>Attending Physician:</div></div><div><div>Income Center: LABORATORY</div><div>Transaction No.:</div><div>Document No.: CH</div><div>Reference Date:</div><div>Patient ID:</div><div>Track No.:</div></div><table><thead><tr><th>Items Description</th><th>Qty.</th><th>Price</th><th>Amount</th><th>Remarks</th></tr></thead><tbody><tr><td>COVID-19 RT-PCR</td><td>1.00</td><td>6,000.00</td><td>6000.00</td><td></td></tr></tbody></table><div><div>Remarks:</div><div>Requested By:</div><div>Request Time / Date:</div><div>Rendered By:</div><div>Rendered Time / Date:</div></div><div><div>Total&gt;&gt;&gt;</div><div>Discount&gt;&gt;&gt;</div><div>Net Amount&gt;&gt;&gt;</div><div>6,000.00</div><div>0.00</div></div></div>	Items Description	Qty.	Price	Amount	Remarks	COVID-19 RT-PCR	1.00	6,000.00	6000.00	
Items Description	Qty.	Price	Amount	Remarks							
COVID-19 RT-PCR	1.00	6,000.00	6000.00								
<p>Before collection, make sure that the patient have completely filled out the Case Investigation Form. (See Annex 2)</p>	<div><div></div></div>										
<p>Prepare materials Needed:</p> <ol style="list-style-type: none"><li>1. UTM/VTM &amp; Polyester swab</li><li>2. Marker &amp; Sticker for labeling</li><li>3. Para_film</li></ol>	<div><div><div>1.</div><div></div></div><div><div>2.</div><div></div></div></div>										



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<p>4. White &amp; Brown Colored Interfolded Tissue Paper</p> <p>5. Small Ziplock</p> <p>6. Screw Cap Container</p> <p>7. Yellow Plastic Bag</p> <p>8. Transport Box</p>	<p>3.</p> 	<p>4.</p> 
	<p>5.</p> 	<p>6.</p> 
	<p>7.</p> 	<p>8.</p> 



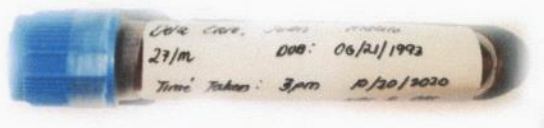


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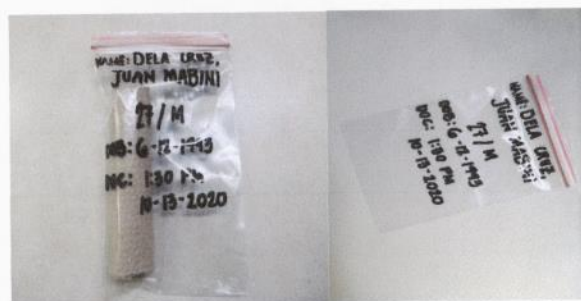
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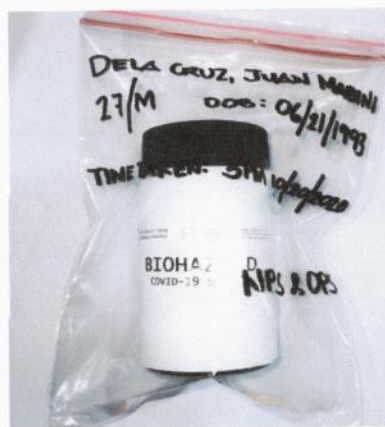
Label VTM with Patient's first and last name (including maiden name if applicable), Date of birth, Age, Sex, Date and hour of specimen collection



Label zip lock with Patient's first and last name (including maiden name if applicable), Date of birth, Age, Sex, Date and hour of specimen collection.



Store sample in a triple package. After storing VTM in zip lock, store it in a screw cap container and Store in a Bigger Zip lock with the label of Patient's first and last name (including maiden name if applicable), Date of birth, Age, Sex, Date and hour of specimen collection and type of specimen. Store in refrigerator at 2-8°C. Sample must be sent to Molecular Biology Laboratory for Testing.





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Place sample inside the transport box and  
send to Molecular Biology Laboratory for  
Testing with the required documents.

***Documents to accompany:***

- *Linelist*
- *Case Investigation Forms*
- *Referral Forms*
- *Photocopy of Patient's ID*



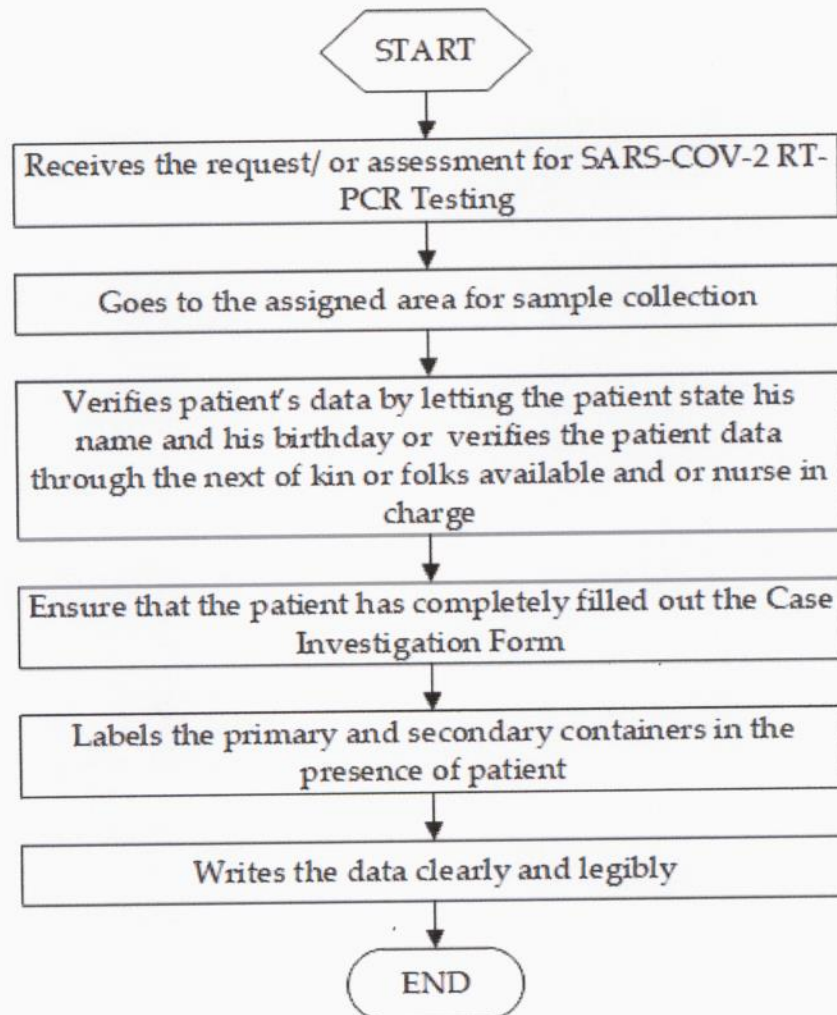


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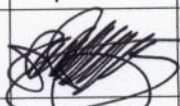
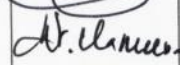
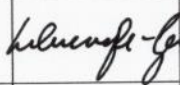

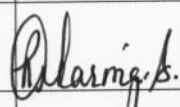


## FLOWCHART







 <p><b>DR. PABLO O. TORRE MEMORIAL HOSPITAL</b></p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-E-60-P08-FC02
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**APPROVAL:**



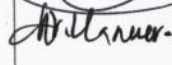
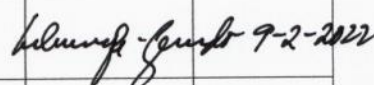




	Name/Title	Signature	Date
Prepared by:	<b>JESSA CHRIS B. REMOLLENO, RMT</b> Medical Technologist/ Molecular Biology Analyst		9/02/2022
Verified:	<b>DAVID G. PEDROZA, MD</b> Associate Pathologist		9/2/22
	<b>MONICA B. VILLANUEVA, RN, RMT, PhD</b> Laboratory Director		9-2-22
	<b>MELANIE ROSE B. ZERRUDO, MD, FPSP</b> Chair, Department of Pathology		9-2-2022
Reviewed by:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		09-02-2022
Recommending Approval:	<b>ROSARIO D. ABARING, MN, MBA-HA, PhD, FPCHA</b> Ancillary Services Division Officer		09-05-2022
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		9-13-22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		9/22/22

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KEY TASKS	PERSON RESPONSIBLE
1. Receives the request/ or assessment for SARS-COV-2 RT-PCR Testing	Medical Technologist
2. Goes to the assigned area for sample collection	
3. Verifies patient's data by letting the patient state his name and his birthday or verifies the patient data through the next of kin or folks available and or nurse in charge	
4. Ensure that the patient has completely filled out the Case Investigation Form	
5. Labels the primary and secondary containers in the presence of patient	
6. Writes the data clearly and legibly	

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**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>JESSA CHRIS B. REMOLLENO, RMT</b> Medical Technologist/ Molecular Biology Analyst		9/02/2022
Verified:	<b>DAVID G. PEDROZA, MD</b> Associate Pathologist		9/2/22
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Reviewed by:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		09-02-2022
Recommending Approval:	<b>ROSARIO D. ABARING, MN, MBA-HA, PhD, FPCHA</b> Ancillary Services Division Officer		09.05.2022
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Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		9/22/22