	Document Code:	DPOTMH-L-100-P05-S04
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	Department/Section:	Laboratory Unit
	Document Title:	<b>SPECIMEN SUBMISSION, ACCEPTANCE AND REJECTION</b>

### **PURPOSE:**

To ensure adherence to the standards for correct identification of patient specimens essential for patient's safety and accurate diagnosis.

### **SCOPE:**


Applies to all Laboratory Unit staff of Una Konsulta

### **PERSON RESPONSIBLE:**

Medical Technologists

### **GENERAL GUIDELINES:**

1. Laboratory testing or pathologic examination shall be performed upon an official/ written request or order from a physician or authorized practitioner.
2. All specimens submitted for examination shall bear accurate, complete, and legible patient identification on the specimen container, whether primary or aliquot.
3. Identification of the specimen shall include the following data:
  - 3.1. Patient's complete name
  - 3.2. Patient's date of birth
  - 3.3. Date and time of collection
  - 3.4. Collector's initial
  - 3.5. Non – blood specimens requires source when appropriate
  - 3.6. Collected serum/plasma shall indicate tube type source, whether collected in blue top, red top, EDTA tube and black top.
4. All submitted samples shall have an accompanying request bearing essentials, to wit:
  - 4.1. Patient's complete name
  - 4.2. Patient's sex
  - 4.3. Patient's date of birth

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- 4.4. Requesting Physician
- 4.5. Laboratory Test Requested (avoiding abbreviations)
- 4.6. Source of specimen
- 4.7. Date and time of collection

#### **PROCEDURE:**


1. Specimen is submitted to the laboratory together with the request.
2. The Medical Technologist assigned to do the analysis checks if the specimen is properly identified and makes sure that the accompanying request documents all the necessary data of the patient, requesting physician, tests and the date.
3. The Medical Technologist visually checks the gross appearance of the specimen received, taking into account all the criteria for acceptance and rejection.
4. If the specimen fails to meet any of the criteria for acceptance, the sample is rejected noting the reason of rejection.
5. Inform patient that a repeat collection is necessary and state the reason.

#### **Criteria for Specimen Acceptance:**

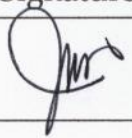
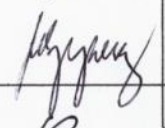
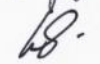


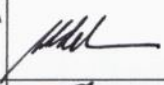
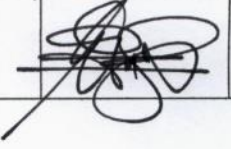
1. Properly identified specimen with doctor's request.
2. Good quality and fit sample for examination.
3. Spillage – free sample placed in a leak – proof container.


#### **Criteria for Specimen Rejection:**

1. Not properly/unlabeled specimen.
2. Specimen not properly collected.
3. Unfit specimen. This includes the specimen gross appearance (hemolyzed, lipemic, with micro clots/coagulum), insufficient quantity and wrong choice of blood collecting tubes used upon collection.
4. Specimen with no doctor's request.
5. Specimen not received by the laboratory in timely manner.
6. Mismatched label of specimen and request.


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**APPROVAL:**

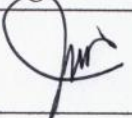
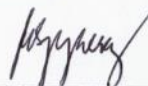
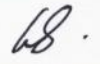



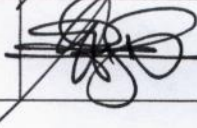
	Name/Title	Signature	Date
Prepared by:	<b>JASON ALDRIN G. TAN, RMT</b> Chief Medical Technologist- Una Konsulta		7/9/22
Verified:	<b>MARIE SHARON P. PEREZ, MBA-HA, FPCHA</b> Una Konsulta Manager		8-2-22
	<b>MELANIE ROSE B. ZERRUDO, MD, FPSP</b> Chair, Department of Pathology		07-29-22
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Recommending Approval:	<b>RONEL G. SARIO, MD, FPCP</b> Medical Director- Una Konsulta		8/10/22
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KEY TASKS	PERSON RESPONSIBLE
1. Submits the specimen to the laboratory together with the request	Medical Technologist
2. Checks if the specimen is properly identified and makes sure that the accompanying request documents all the necessary data of the patient, requesting physician, tests and the date	
3. Checks the gross appearance of the specimen received, taking into account all the criteria for acceptance and rejection	
4. Rejects the specimen if it fails to meet any of the criteria for acceptance	
5. Informs patient that a repeat collection is necessary and state the reason	

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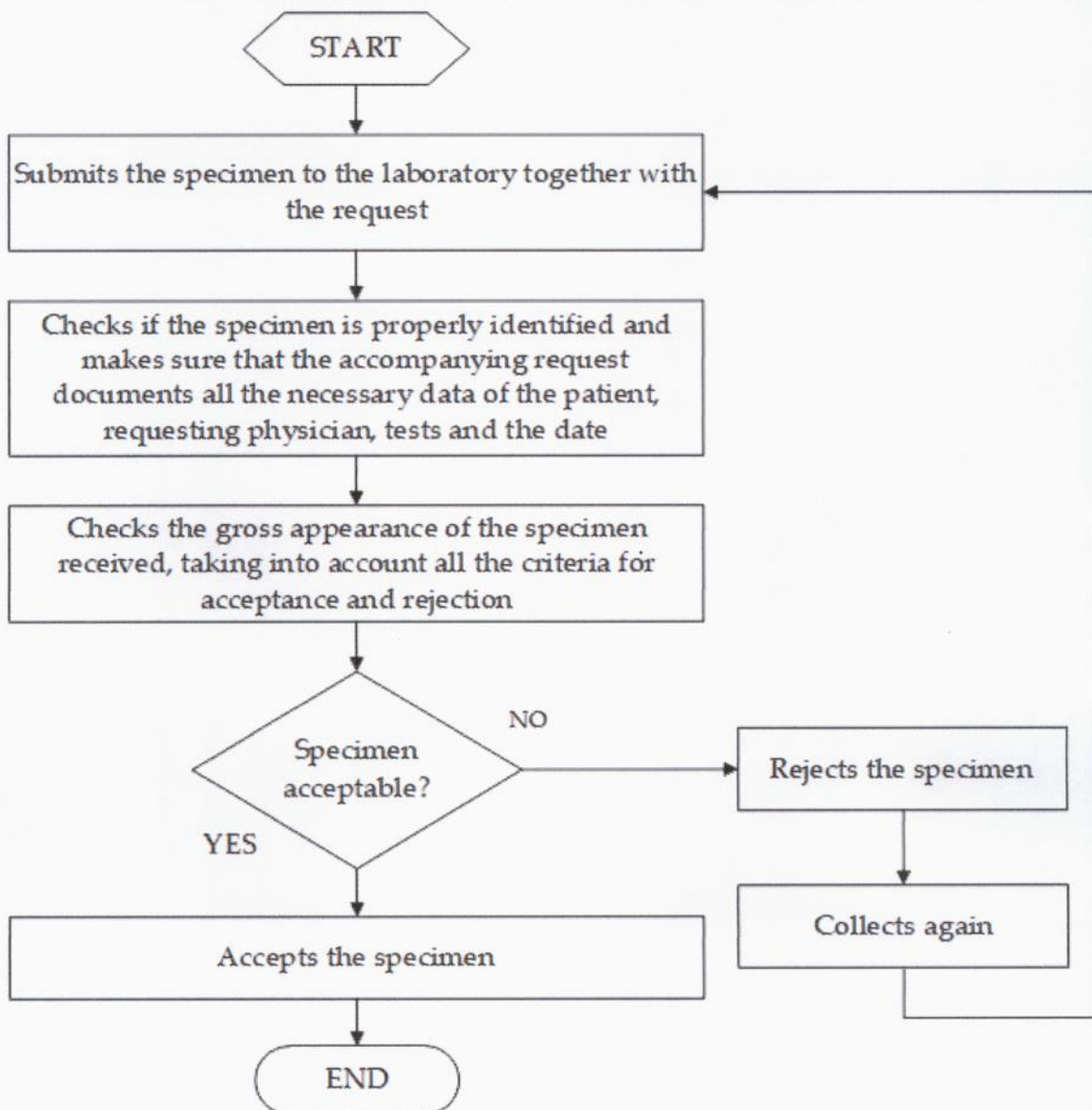
**APPROVAL:**


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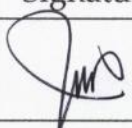
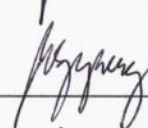




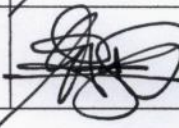
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## FLOWCHART




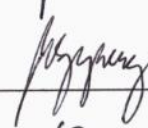



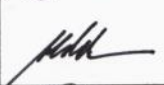
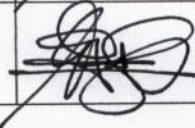
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	Name/Title	Signature	Date
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