GENERAL PROCEDURE

Pathology Requesting (excluding transfusion)

ROYAL BERKSHIRE NHS FOUNDATION TRUST (RBFT) PROCEDURE FOR PATHOLOGY TEST REQUESTING (CLINICAL BIOCHEMISTRY, HAEMATOLOGY, IMMUNOLOGY, CELLULAR PATHOLOGY AND MICROBIOLOGY).

Lab Section: All sections
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HAZARD WARNINGS/COSHH INFORMATION

Substance/reagent	Hazard	COSHH reference
None	None	None

DOCUMENT AMENDMENT (See QMP QP-GEN-QMPforQMPs)

- Amendments may only be made on the Quality Manager's copy who will ensure all formally issued location copies are maintained to the updated requirements.

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1. SCOPE AND PURPOSE/ RATIONALE

1.1 To ensure requests for Pathology follow an agreed format so Pathology can provide an efficient, clinically robust service.

1.2 The database held by Pathology is huge. More than 5 million tests are carried out per annum. Each day about 2,500 requests are received by Clinical Biochemistry, 2,500 by Haematology, 800+ by Microbiology, and 100 to 150 each by Cytopathology and Histopathology. There is therefore ample scope for errors in specimen identification and the possibility of issuing incorrect results. Adherence to this requesting procedure is essential to reduce these to a minimum. **(N.B. A separate standard procedure applies to requests for cross-matching and blood products – see under Haematology and Blood Transfusion section).**

1.3 Inadequate patient identification or inadequate labelling at the point of sample collection may lead to pathology results being assigned to the wrong patient, incorrect results being assigned to a patient and /or inaccessible results on telephone enquiry or final reporting. This may have serious consequences.

2. PROCEDURE (excluding Blood Transfusion)

2.1 Investigations must be requested on an individual named patient basis. Medical staff will normally make requests for blood components. It is appropriate for nursing and other staff to initiate other pathology requests if they have been suitably trained. Phlebotomists at RBFT and at Newbury use a unique bar-code which is put on both request form and sample bottles. The surname, forename and date of birth are added with the NHS number (and MRN if available). **All other users** should follow the protocol below:-

2.2 It is essential that **NHS** numbers are used for identification purposes of inpatients. This is especially important for **neonates**. Name identifiers are used inconsistently (eg "Baby of ….."), the baby may not have been named formally when the first sample was obtained) Potential confusion with samples from a parent, which happens frequently at present will be avoided by use of hospital numbers. Particular care is needed when one or more twins are patients. For neonates, the following protocol should be used:-

1. Where first name is not yet assigned use "Baby Boy" or "Baby Girl".
2. For multiple births use "Twin I", "Twin II", "Triplet I" etc. in birth order.
3. Where alternative forms are used on requests the laboratory should adopt the standard "Baby boy/ girl" name.

2.3 The request form must contain the following **READABLE** patient ID details (Addressograph labels should always be used if available):

- Surname.
- First name (initials not sufficient).
- Date of birth (age not sufficient).
- NHS number **should be** used if available*.
- Gender.

. • Hospital Number (for all hospital cases).
. • Address (if known)**.
. • Contact phone number **(if known).

NB
* where NHS number unavailable hospital numbers are available for all new admissions not currently registered via EPR. For community or self test, Post Code or first line of address is acceptable.
** these are essential for patients in the community who are being investigated out of hours in order that they may be traced if urgent action is required following abnormal results.
Requesters should use the form appropriate to the department / practice etc. in which they work. Using the wrong form can lead to results being sent to the wrong place.
The Florey Unit may use patient number and date of birth only to comply with NHS STD Regulations for non disclosure of names. Similarly with the Fertility Clinic.

2.4 The use of forms pre-printed with the name of someone else unconnected with the requester or forms pre-printed with the name of another department or Practice leads to confusion and mis-routing of reports. These should not be used.

2.5 Information about the patient:
. • The precise location of patient (i.e. ward, practice name, OPD, theatre etc.) and where test result is required, if different, in order to avoid mis-routing of results. Please think ahead.
. • Relevant clinical information and reason for request. This is vital for proper interpretation. Please ensure this is meaningful and relevant. Phrases such as “pre op” are not sufficient. The particular anticoagulant should be specified. The site and details where multiple biopsy samples are collected should be specified for histopathology.
. • Consultant or GP must be indicated, including for electronic requests.

2.6 The investigation :
. • Complete the relevant part of the request form/ electronic entry screen(s).
. • Date and time of request.
. • Designate as URGENT only if the case is a clinical emergency. (Do not specify as urgent simply for convenience, this is an abuse of the term and leads to delays in routine tests.)
. • **Legible** signature of person making request and contact/bleep number. This is vital in order that the requester may be contacted in an emergency.
. • Add tests not listed with “tick boxes” in the “any other tests” area. Do not add tests required in the “clinical information” area as these will not be noted by reception staff.
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2.7 If the patient is unconscious and unknown identification details of the patient may not be available. “Unknown male” or “Unknown female” must be stated on the request form. A unique registration number must be used to identify the patient. All details relating to location, diagnosis and request must be completed. Contact bleep number or extension saves time.

Request Form Musts	
Patient	Other
• Patient ID (addressograph label) • Surname • First Name (in full) • DOB • NHS no • Hospital Number (hospital cases) • Gender • Address	• Complete form fully • Date of request • Name of requester • Contact or bleep no • Date & time of collection • Initials of person taking sample.

Patient details

- Location
- Relevant clinical details
- Consultant/ GP name

2.8 Sample collection

2.8.1 Positive identification of the patient is essential and is based on:

. • If the patient is conscious, by asking the patient to state their Surname, First name and Date of Birth. (age is not sufficient)

. • Checking that the Surname, First name and Date of Birth stated by the patient are identical to those on the request form or checking the patient's notes if necessary.

. • Checking the spelling of the Surname and First name is correct on the request form.

. • For inpatients, checking that the details on the patient's identification band match those on the request form.

. • The whole procedure of obtaining the blood sample, specimen labelling and request form filling should be completed for each individual patient before proceeding to the next.

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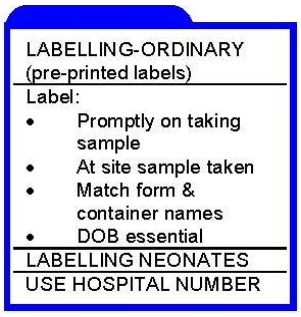
2.8.2 Labelling on sample tube/specimen container: **Pre-printed labels must be used wherever possible** (**But this does NOT apply to Blood transfusion and blood product requests where labels should NOT be used).**

(The other exception is the small specimen tubes used for samples from Buscot).

- **Match the name on the container and the request form**.
- Sample tubes and specimen containers must not be pre-labelled. (NB it is accepted this may not be practical for Haemodialysis).
- The sample tube or specimen container must be labelled immediately after the specimen has been added.
- The specimen container must be labelled where the blood or other sample is taken.
- **The label must be applied straight and neatly and not obscure the upper-level of the sample in the case of fluid specimens nor protrude beyond the base of the tube so that the contours of the base remain smooth. The label should not cover the cap or be applied like a "flag". If necessary, the end of the label can be turned over on itself thereby shortening the label to a satisfactory degree which is acceptable. Otherwise, the tube labels must be written on. Using sticky tape is not acceptable, especially if it goes over the cap section [If these criteria are not adhered to the analysers cannot handle the tube and crash leading to major delays in processing the work].**
- Date of Birth (not age) is essential.

Identification of sample tube/specimen container must always include therefore:-

- Surname (spelt correctly and the same as on the request form).
- First name (spelt correctly and the same as on the request form).
- Date of Birth.
- NHS number (if available) or unique Hospital Number. For community or self test, Post Code or first line of address is acceptable.
- Date and time sample taken should be recorded on the request form/ electronic request and the bottle/container label and the signature of the person taking the sample on the form..
- When collecting a series of samples (e.g. a dynamic function test) also indicate the number in the series (e.g. GTT, BASAl, GTT 2hr)..



SAMPLE IDENTIFICATION .

- Surname
- Full first name
- NHS number or hospital number (post code/ first line of address for self test acceptable)
- DOB
- Date & time of collection

2.9 Standards of requesting set out here must be maintained. Unlabelled or grossly mislabelled samples even if accompanying a correctly completed form represent a significant clinical risk to your patients and a risk of litigation against you, the laboratory and the Trust. Senior laboratory staff will take and record a decision where samples are unrepeatable but in general such un or mis-labelled samples will not be processed and will have to be repeated. The requester will be notified of the breach in procedure. Breaches will be monitored by regular departmental audits and summarised under the Clinical Governance process and notified to CSU directors and PCT Clinical Governance leads. CSU Directors and PCT Clinical Governance leads will be expected to cascade the information to requesters through their Clinical Governance process.

3. REFERENCES

3.1 Standards for the Medical Laboratory, ISO15189:2012
3.2 Trust briefing 00120 reference wristbands.