

Specimen and Request form Requirements

For Patient Safety's sake: Inpatients and Outpatients

Request test electronically using PAS

ordercomms (except histology and cytology).

All necessary information will be included. **Do not annotate.**

Re-request test if necessary.

Cytology screening: please use Open Exeter request form.

All necessary information will be included.

Samples

- Take sample **before** labelling container.
- Label sample in the presence of the patient after positive identification
- The small PAS labels may be used (**except for Transfusion samples which must be hand written**) - place the label lengthways over the tube label. Do not cover up the window showing blood level.
- Do not relabel container if an error is made: discard specimen and begin again, unless sample is unrepeatable e.g. histology samples, CSF - Specimen should be transferred to another container.
- **Date, time and sign label to confirm positive**

Cytology Screening

Samples **must** only be taken by Sample Takers who have undergone LBC sample taker training and have been issued with a **valid** ST number. Samples sent by sample takers without a **valid** ST number will be reported as inadequate.

Transfusion specimens:

Label specimen by hand. See below and additionally include

- NHS number or Hospital number (or 1st line of address)
- Signature of sample collector

Three of the four key identifiers must be present on both sample and form and match. Otherwise the sample will be rejected.

Manual requests: if unable to generate an electronic request, request forms must contain the following:

Pre-printed PAS labels may be used on manual forms **provided location and requestor codes are added**

Use Full Family and Given names. Do not use pet names, abbreviations or initials

Request forms must include:

- *NHS number (eye readable)
- Hospital number
- *Family name in CAPITALS or **bold**
- *Full Given name(s)
- *Date of Birth (dd/mm/yyyy)
- Gender
- Ward/Clinic Location including hospital site
- Consultant Code & legible name of requestor
- Relevant clinical details including drug therapy, recent travel abroad
- Date & Time of sample collection
- Sample Type (where not blood)
- Sample Site (if applicable)
- Test(s) required and (for antenatal patients) Estimated Date of Delivery
- NHS/PP/Cat2 (the Cat2 box is for indicating private work by non-private patients e.g. insurance work)

Outpatient/A&E requests in addition should include

- 1st line of patient address
- Full post code of patient address
- Patient Contact Telephone number (mobile or landline - required by GP On Call Care service)

Transfusion request forms: Include

- Name & Bleep number of requestor
- Consultant of patient
- Patient's transfusion history
- Diagnosis & reason for request
- Number & type of blood component required and when required
- Special requirements e.g. irradiated or CMV neg products

Handwritten labels should include:

- *NHS number (eye readable)
- *Family name (in CAPITALS or **bold**),
- *Full Given name(s)
- *Date of Birth (dd/mm/yyyy)
- Ward Location Code
- Date & Time of collection
- Initials of person labelling sample
- Sample type (where not blood)

NB: In circumstances where the patient's name is not known or should remain anonymous, specimens **must** be labelled with a patient identification number (e.g GUM clinic number, Family Planning clinic number) **and** the gender of the patient (i.e. Unknown Male).