

Specimen and Request form Requirements

For Patient Safety's sake: GPs & Community

Request test electronically using GP

ordercomms (except cytology screening)

Forms will be generated for Microbiology, Transfusion, Histology and diagnostic cytology. All necessary information will be included. **Do not annotate.** Re-request test if necessary. Forms are not required for Haematology and Biochemistry.

Cytology screening: please use Open Exeter request form . All necessary information will be included.

Samples

- Take sample **before** labelling container.
- Do not generate specimen labels for more than one patient in advance, or pre-label container
- Label sample in the presence of the patient after positive identification, using GP ordercomms generated label. This contains all required information.
- Do not relabel container if an error is made: discard specimen and begin again, unless sample is unrepeatable e.g. histology samples - Specimen should be transferred to another container.

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: antenatal patients

Use GP Ordercom labels or label specimen by hand. Include

- Family & Given name(s)
- Date of birth
- NHS number or Hospital number (or 1st line of address)
- Sample collection date
- Signature of sample collector (on ordercom label if used)

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

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

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

Request forms must include:

- *NHS number (eye readable)
- *Family name in CAPITALS or **bold**
- *Full Given name(s)
- *Date of Birth (dd/mm/yyyy)
- Gender
- 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)
- Surgery Location (Mnemonic or National Practice Code)
- GP Code (prescribing number)/Cytology Sample Taker Code (ST number) & legible name of requestor (if not GP)
- 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 requests) Estimated Date of Delivery
- NHS/PP/Cat2 (the Cat2 box is for indicating private work by non-private patients e.g. insurance work)

Handwritten labels should include:

- *NHS number (eye readable)
- *Family name (in CAPITALS or **bold**),
- *Given name(s)
- *Date of Birth (dd/mm/yyyy)
- GP Location Code (Mnemonic or National Practice 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).

For tests not listed on the request form, please write the test in full to avoid misunderstanding and error.