

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

If a test is not listed on the request form, please do not use abbreviations but write the test in full to avoid misunderstanding and error.

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).