

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: BLOOD SPECIMEN COLLECTION AND LABELING FOR LABORATORY TESTING	Original Issue Date: 5/8/12	Policy # 924
	Supersedes: 1/11/19	Effective Date: 9/22/22
Departments Consulted: Patient Safety Committee Blood Utilization Committee Pathology Department Nursing Services Quality Management Risk Management	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer (Signature on File) Chief Executive Officer

POLICY

Prior to collecting a blood or other sample from a patient, staff must verify the patient's identity using two distinct identifiers and match the specimen container labels to that individual.

PURPOSE

To ensure that the blood and other specimens collected for clinical testing are obtained from the person for whom the service is intended and labeled with the matching patient identifiers; thereby, preventing patient identification errors and improving patient safety. Patient identifier for medical record number may be referred to as MRN or patient ID.

PROCEDURE

I. Blood Bank Samples - Inpatient

ABO hemolytic transfusion reactions almost always result from human error. The following procedure, when followed carefully, will significantly reduce mislabeling incidents and the attendant dangers of possible ABO hemolytic transfusion reactions.

1. Supplies and equipment for venipuncture to be taken to bedside
 - a. Needles, tubes, gauze, tape, band aids, tourniquets, alcohol swabs, and other supplies depending on personal preference.
 - b. Electronic device or workstation used to obtain positive patient identification
 - c. Laboratory label printer
 - d. Requisition forms, as needed (downtime)

2. Proper Identification is Critical
 - a. **The patient's room number or physical location is never used as an identifier.**
 - b. The patient must be wearing an identification device (usually an ID band).
 - c. Scan ID band. Labels are printed.
 - d. Read the patient information displayed on the screen of electronic device and on the labels.
 - e. If patient is responsive, ask the patient to state his/her name and date of birth; compare it with the ID band. If the patient verbally gives the date of birth in numerical format, staff

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must clarify which number is the month and which is the day. Staff will then verify the stated information with that printed on the identification band and specimen labels.

- f. In the event that the patient is unable to respond, ask family members or patient's nurse to verify identification.
- g. If the patient and family do not speak English, utilize interpreting services to assist with identification.
- h. In the case of a child who is unable to verbalize information, the parent or guardian will be asked to provide it.
- i. Two providers (RN, LVN, PA, physician, phlebotomist, medical student) independently verify patient's full name and MRN that appear on the ID band match the readable name and MRN printed on each specimen label or demographic label and/or requisition. Once proper patient identification is established, the blood can be drawn using aseptic technique.
- j. Affix a computer-generated specimen label on each specimen tube collected before leaving the patient's bedside (or before leaving the room, if the patient is in a surgical suite or a delivery room). Document the ID number of the witness on the label affixed on the specimen.
- k. During downtime, initial, date, and time all specimen labels and/or request forms.

II. Blood Bank Samples - Outpatient (without ID band)

1. Proper Identification is critical

- a. Summon patient in a clear, audible voice, pronouncing the patient's name accurately and clearly. Interpreters or interpreting service are used as needed.
- b. The patient must have a patient identification card issued by PFS/Registration onto which is affixed a demographic label containing the patient's name, MRN and birthdate.
- c. Scan ID card.
- d. Read the patient information displayed on the screen of the computer.
- e. Ask the patient to state his or her name and date of birth (Month, Day, Year format). If the patient verbally gives the date of birth in numerical format, staff must clarify which number is the month and which is the day. In the case of a child who is unable to verbalize information, the parent or guardian will be asked to provide it. Staff/providers will then verify the stated information with that printed on the patient's identification card and relevant documents before initiating specimen collection.
- f. Two providers (Phlebotomists) independently verify patient's full name and MRN that appear on the ID card match the readable name and MRN printed on each specimen label, demographic label, and/or requisition.
- g. Once proper patient identification is established, the order is activated, and the label is automatically printed.
- h. The blood can then be drawn using aseptic technique.
- i. Affix a computer-generated specimen label or demographic label on each specimen tube collected. Document the ID number of the witness on the label affixed on the specimen.

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- j. Recheck the labeled tubes against the patient identification card and requisitions to ensure the correct labels have been applied.
- k. Ask the patient to verify name and DOB on the labeled container(s).
- l. During downtime, initial, date, and time all labels and/or requisition forms BEFORE the patient leaves the window.

III. Non-Blood Bank Samples – Inpatient

- 1. Supplies for venipuncture to be taken to bedside:
 - a. Needles, tubes, gauze, tape, band aids, tourniquets, alcohol swabs, and other supplies depending on personal preference.
 - b. Electronic device or workstation used to obtain positive patient identification
 - c. Laboratory label printer
 - d. Requisition forms, as needed (downtime)
- 2. Proper Identification is Critical
 - a. **The patient's room number or physical location is never used as an identifier.**
 - b. The patient must be wearing an identification device (usually an ID band).
 - c. Scan ID band. Labels are printed.
 - d. Read the patient information displayed on the screen of electronic device and on the labels
 - e. If patient is responsive, ask the patient to state his/her name and date of birth; compare it with the ID band. If the patient verbally gives the date of birth in numerical format, staff must clarify which number is the month and which is the day. Staff will then verify the stated information with that printed on the identification band and specimen labels.
 - f. In the event that the patient is unable to respond, ask family members or patient's nurse to verify identification.
 - g. If the patient and family do not speak English, utilize interpreting services to assist with identification.
 - h. In the case of a child who is unable to verbalize information, the parent or guardian will be asked to provide it.
 - i. Once proper patient identification is established, the blood can be drawn, using aseptic technique.
 - j. Affix a computer-generated specimen label on each specimen tube collected before leaving the patient's bedside (or before leaving the room, if the patient is in a surgical suite or a delivery room).
 - k. During downtime, initial, date, and time all specimen labels and/or request forms.

IV. Non-Blood Bank Samples – Outpatient (without ID band)

- 1. Proper Identification is critical
 - a. Summon patient in a clear, audible voice, pronouncing the patient's name accurately and clearly. Interpreters or interpreting service are used as needed.
 - b. The patient must have an approved form of identification. A card issued by PFS/Registration onto which a demographic label with patient's Name, MRUN and Birthdate is affixed.

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- c. Scan ID card.
- d. Read the patient information displayed on the screen of the computer.
- e. Ask the patient to state his or her name and date of birth (Month, Day, Year format). If the patient verbally gives the date of birth in numerical format, staff must clarify which number is the month and which is the day. In the case of a child who is unable to verbalize information, the parent or guardian will be asked to provide it. Staff/providers will then verify the stated information with that printed on the patient's identification card and relevant documents before initiating specimen collection.
- f. Once proper patient identification is established, the order is activated, and the label is automatically printed.
- g. The blood can be drawn, using aseptic technique.
- h. Affix a computer-generated specimen label or demographic label on each specimen tube collected.
- i. Recheck the labeled tubes against the patient identification card and requisitions to ensure the correct labels have been applied.
- j. Ask the patient to verify name and DOB on the labeled container(s).
- k. During downtime, initial, date, and time all specimen labels and/or requisition forms BEFORE the patient leaves the window.

V. Collection of Specimens under Special Circumstances

- a. For serum ethanol testing, use a non-alcohol-based disinfectant to cleanse the puncture site.
- b. For blood cultures, use an alcohol prep pad followed by chlorhexidine-base antiseptic, such as ChloroPrep to cleanse the puncture site; for patients with allergy or other contraindications to the use of a chlorhexidine-based antiseptic, iodine can be used.
- c. For cold agglutinin related testing (e.g., Donath-Landsteiner, Thermal Amplitude, and Cold Agglutinins) the use of a hot pack is required to keep the specimen warm while being transported to the Blood Bank laboratory.
- d. For TEG (thermoelastogram) samples, a waste tube must be drawn and discarded prior to collecting the specimen. (Do not send the waste tube to the Blood Bank laboratory.) **Specimen must be hand carried to the Blood Bank.**

For detailed instructions of how to perform venipuncture, please refer to the Los Angeles General Medical Center Specimen Collection Procedure Manual: "PHLEBOTOMY SERVICES (INPATIENT AND OUTPATIENT)" (SC Phleb 1.XXX).

RESPONSIBILITY

Attending Staff
Nursing Staff
Phlebotomy Staff
Resident Staff
Other Staff authorized to collect specimens (e.g., Medical Students)

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REFERENCES

1. http://www.jointcommission.org/assets/1/6/NPSG_Chapter_Jan2012_HAP.pdf
2. Medical Center Patient Identification Policy (909)
3. Laboratory Patient Identification and Labeling Procedures
4. Nursing Patient Identification/Verification (941)
5. Nursing Protocol - Blood and Blood Products
6. MC403.1 Health/Medical Record Readability

REVISION DATES

April 14, 2015; April 20, 2018; January 11, 2019, September 22, 2022