JUVENILE COURT HEALTH SERVICES LABORATORY PROCEDURES

Subject:	Original Issue Date:	Policy #
SPECIMEN REJECTION	7/1/11	**B-007**
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Departments Consulted:	Approved By:	Approved by:
	(Signature on File) Laboratory Supervisor (Signature on File) Laboratory Director	(Signature on File) Health Services Administrator

PURPOSE

The quality of laboratory testing depends upon the proper collection and handling of any specimen submitted for analysis. Correct patient preparation, specimen collection, specimen preservation, and specimen transportation are essential factors for accurate results.

PROCEDURE

I. Mislabeled or otherwise unidentifiable specimens:

Patient specimens collected in the laboratory or from clinic areas and found to be mislabeled with respect to Patient Name, PDJ number, DOB, specimen type, and/or proper source (if significant) will not be analyzed. The health provider or clinic area requesting the analysis will be notified of the discrepancy, and this data will be entered in the Comments section in PEMRS by the lab staff. This documentation will be included in the Laboratory Quality Assurance file. The health provider or laboratory may then reschedule the patient for a return visit to repeat collection of a suitable specimen for submission to the laboratory.

II. Specimens received by laboratory following improper collection technique, preservation, or transportation methods:

Patient specimens collected without adherence to proper collection technique (including appropriate container used), preservation, or transportation methods will not be analyzed. This policy also applies to any leaking or biologically contaminated specimen. The health provider or clinic area requesting the analysis will be notified of the rejection, and this data will be documented in the requisition. This documentation will be included in the Laboratory Quality Assurance file. The health provider or laboratory may then reschedule the patient for a return visit to repeat collection of a suitable specimen for submission to the laboratory.

III. Insufficient or unacceptable specimen volumes

Each test determination has a sample size requirement. Samples submitted to the laboratory which do not meet quantity requirements will be marked "Q.N.S." (Quantity Not Sufficient). The health provider requesting the analysis or a clinic designate will be notified by the laboratory of the insufficient sample size, and this data will be documented on the

requisition. The health provider or laboratory may then reschedule the patient for a return visit to collect a repeat specimen collection for submission to the laboratory.

Unacceptable specimen volumes for specific tests:

- Urine for urinalysis - less than 3 ml but preferred volume of 10 ml
- Urine for HCG determination - less than 1 ml
- For urine culture preferred volume is 4 ml.
- Stool specimen for occult blood - too much stool on smear or specimen submitted in container with preservative.

IV. Other reasons for possible specimen rejection or inaccurate results:

- Inappropriate specimen type
- Missing, incomplete, or incorrect test requisition form
- Hemolysis – Hemolysis occurs when the membrane surrounding red blood cells is disrupted and hemoglobin and other intracellular components escape into the serum or plasma. Hemolyzed serum/plasma varies in color from pink to bright red. Grossly or moderately hemolyzed specimens may be rejected by the laboratory. The health provider requesting the analysis or clinic designate will be notified by the laboratory if the specimen will not be analyzed.
- Hyperbilirubinemia – Icteric serum or plasma varies in color from dark to bright yellow. Icterus may affect certain determinations. When interference from hyperbilirubinemia is detected with respect to a particular analyte, it will be noted on the requisition.
- Turbidity – Turbid, cloudy, or milky serum (lipemic serum) may be produced by the presence of fatty substances (lipids) in the blood. Moderately or grossly lipemic specimens may alter certain test results. Bacterial contamination may also cause cloudy serum. When interference from turbidity is detected with respect to a particular analyte, it will be noted on the requisition and referred to a facility for special spinning and test performance.

REFERENCE

Tietz, N.W., Fundamentals of Clinical Chemistry, W. B. Saunders Company, Philadelphia, 1976. SPECIMEN REJECTION

REVISION DATES

November 2, 2012; August 1, 2014; June 16, 2021