

## **CRITERIA FOR THE REJECTION OF LABORATORY SPECIMENS**

### **DEPARTMENT OF LABORATORY MEDICINE**

#### **I. INTRODUCTION**

The following is a general listing of common situations in which a specimen may be rejected for processing. Each individual functional laboratory area has an additional listing of rejection protocol depending on the specific testing criteria. For each general category a few examples are listed.

#### **II. GENERAL LABORATORY**

##### A. Improperly labeled specimens\*\*

1. Specimens not labeled
2. Specimens labeled with the incorrect patient identification.
3. Specimens, that do not match the patient information on the laboratory requisition.

\*\*These specimens may be accepted after responsible individual according to the protocol makes proper identification for "Identification of Specimens" located in the *Specimen Collection Manual*.

##### B. Improper Collection

1. Specimens collected with the improper preservative or anticoagulant.
2. Quantity of specimen insufficient to perform testing.
3. Specimens which are hemolyzed, lipemic or contain particulate matter. Individual testing protocol must be reviewed.
4. Specimens which are obviously or subsequently prove to be contaminated.

##### C. Delay in transit to the laboratory

1. Serum specimens not separated from the clot and left at room temperature or refrigerated for a time, which exceeds the protocol for, the test requested.
2. Urine specimens left at room temperature for more than two hours.
3. Coagulation specimens more than four hours except for PT which is up to 24 hours.

##### D. Inappropriate specimens

1. Specimens collected from intravenous tubing.
2. Specimens collected from heparin locks.

- E. Specimens inappropriately transported to the laboratory
  - 1. Specimens not in compliance with Universal Precautions, (e.g. Not Bagged.)
  - 2. Specimens leaking or grossly contaminated on the exterior portion of container. **NOTE:** Irretrievable specimens, such as Cerebral Spinal Fluid (CSF), Operating Room specimens, cord blood, biopsy or specimens taken prior to antibiotic therapy will not be discarded. The responsible individual will be notified to come to the laboratory to decontaminate the sample so that processing can occur. The samples will be appropriately stored until the decontamination process commences.

### **III. CORE LABORATORY (CHEMISTRY AREA)**

- A. Random urine samples for urinalysis, which are stored for more than two hours at room temperature or four hours in a refrigerator. The laboratory requisition must indicate the time of collection.
- B. Incorrect timing of collection for specimens submitted for antibiotic levels.

### **IV. CORE LABORATORY (HEMATOLOGY AREA)**

- A. Inadequate Specimens
  - 1. Lavender vacutainers for Hematology analysis with less than 1 cc. in a 3 ml. tube.
  - 2. Blue vacutainers for Coagulation studies which are less than 3/4 full.
  - 3. Pediatric collections using Microtainer collection devices, which are less than the 1<sup>st</sup> line on the Microtainer.
- B. The presence of clots in the vacutainers upon visual inspection.
- C. Flow cytometry specimens that are refrigerated or exposed to cold temperatures.

### **V. BLOOD BANK**

- A. All Blood Bank specimens for CROSSMATCH will be rejected unless identified as follows:
  - 1. Patient's name and unit number
  - 2. Initials or signature of the individual obtaining the blood specimen.
  - 3. Date of the specimen

**NOTE:** See the procedure “*Blood Bank Collection: Type and Screen/Type and Crossmatch*” in the Specimen Collection Manual.

## **VI. MICROBIOLOGY**

- A. Improper specimen source
  - 1. Foley Catheter Tips
  - 2. Swabs for AFB cultures (fluid or tissue required)
  - 3. Urine, sputum, routine genital or oral lesions submitted for anaerobic culture.
  - 4. Specimens contaminated with aerobic flora submitted for anaerobic culture.
  - 5. Pooled 24 hour sputum, urine, or feces for AFB cultures
  
- B. Improper specimen collection
  - 1. Uncapped or unsterile collection container or swab
  - 2. Dry swab, moisture ampule not crushed after collection.
  - 3. Barium present in stool specimens for Ova and Parasite analysis
  - 4. Improper transport medium or environment for all microbiological specimens
  - 5. Specimens for *Neisseria gonorrhoeae* which have been refrigerated
  - 6. Duplicate specimens collected within a 24 hour time period, except for blood cultures.
  
- C. Swabs submitted for culture not identified as to **source**.
  
- D. Improper transport
  - 1. Urine specimens for culture left at room temperature for more than two hours or refrigerated for more than 24 hours.
  - 2. Anaerobic cultures not transported in an anaerobic environment.
  
- E. Frank saliva for routine bacterial culture
  
- F. Pediatric Isolator™ blood cultures submitted for fungal and/or mycobacterial isolation which are less than ½ filled.
  
- G. Specimens received without appropriate paperwork
  - 1. Failure to complete sheet for titers performed at State Health Department or other reference laboratory.
  - 2. Specimens for HIV antibody/antigen or Viral Load testing received without a signed consent form.

**NOTE:** Notification will be made to the physician and the specimens will be held for one month.

## **VII. REJECTION NOTIFICATION PROTOCOL**

Upon receipt of an unacceptable specimen into the laboratory, the ordering physician will be notified. If he/she cannot be contacted, the primary nurse taking care of the patient is notified. In the event of a contaminated specimen, laboratory results of that contaminated specimen will NOT be communicated to the floor but a new specimen will be requested. The laboratory personnel will document into the LIS the name of the person contacted and the reason for rejection. The LIS will automatically capture the date and time of entry. This will also be recorded on the laboratory requisition which will be kept on file. The patient will be credited for the procedure which was not performed.