

 <b>One Dorset Pathology</b>	<b>Title:</b> Blood Science and Hospital Transfusion Laboratory Specimen and Request form Acceptance Criteria	
 Dorset County Hospital NHS Foundation Trust	Document No: D-BIO-D-85	
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## **Blood Science and Hospital Transfusion Laboratory Specimen and Request form Acceptance Criteria**

The laboratory adopts a zero tolerance to specimens received that are not in compliance with this document which is based upon national guidelines:

### **Requests for Hospital Transfusion Laboratory**

#### **Sample essential requirements**

The sample tube **must** be handwritten, legible and contain the following information:

- Patient core identifiers (first name, last name, date of birth and unique identification number)
- Sex
- Date and time of sample collected
- signature of person who bled the patient and performed **Positive Patient IDentification (PPID)**

#### **Request form essential requirements**




The request form can be handwritten (must be legible) or have a pre-printed label. It must include the following information:

- Patient core identifiers (first name, last name, date of birth and unique identification number)
- Sex
- Identity of the requestor to include name, signature and bleep/contact number
- Date and time of sample collection
- Name and signature of person who performed **Positive Patient IDentification (PPID)** prior to obtaining sample

Any samples with alterations made to the core identifiers will be rejected.

The request should also include the following; failure to do so may result in a delay to the process.

- Clear unambiguous reason for request
- Current diagnosis
- Patient Consultant or GP
- Location of patient at time of request
- Quantity and type of blood component(s) required
- Indication of special requirements e.g. irradiated / CMV negative
- Past obstetric and transfusion history
- Date and time request made

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## Requests for Blood Sciences

### Specimens –

All blood samples and request forms **MUST** have at least the following **THREE** points of reference - identical on the form and the specimen:

1. Patients full name or unique coded identifier where this applies
2. Hospital / NHS number or other patient unique number i.e. prison number
3. Patients date of birth

All urine / stool samples **MUST** have at least **TWO** points of reference from the above criteria - identical on the form and the specimen.

The following additional information should be provided:

### Specimen –

- Time and date on sample (omission may cause samples to be rejected if time sensitive tests have been requested)
- Identity of the person collecting the sample.

Samples to be labelled using the sample 360 system available on each ward or clearly hand written.

Addressograph labels **are not suitable** as they do not encourage positive patient identification at the time of sample collection.

Addressograph labels also cause operational issues with laboratory equipment.

Only **ONE** set of patient samples may be included in each bag.

### Request form –

- Requesting clinician
- Location for report
- Investigations required
- Gender
- Relevant clinical details
- Relevant medication
- Nature of specimen
- Time and date of sample collection
- Clinician contact number (bleep or extension)

### Copy Report Requests:

If a request requires a copy to be sent to the patient's GP, the name of the GP and GP Surgery must also be on the request form.

Copies will not be sent without this information.