

Previous Number: 6D.1.2.1

### STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-SOP-0	037
DOCUMENT TITLE:	
Unacceptable Specimen Log (FRM1)	
DOCUMENT NOTES:	
Document Information	
Revision: 02	Vault: STCL-Processing-rel
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Control Information	
Author: WATE02	Owner: WATE02

Change Number: FRM-CCR-119

### STCL-SOP-037 FRM 1 UNACCEPTABLE SPECIMEN LOG

Patient Name	HX#		Location	
Patient Name Sample drawn (date)	at (time)	by		,MD/RN/other
CI I D	11 6			(Circle one)
	roblem Categor	y Below	(check all that appl	<u>y)</u>
Mislabeled Specimen				
(Complete Confirmation	of Specimen Iden	tification	Form, FORM 2	
TT 1 1 1 1 0				
Unlabeled Specimen	66			
(Complete Confirmation	of Specimen Iden	tification	Form, FORM 2	
Incompletely Labeled	Chasimon			
(Complete Confirmation		tification	Form FORM 2	a .
(complete command	or specimen ruen	uncation	FORM, FORM 2	
Specimen Lost/Not Re	eceived			
Specimen Hemolyzed				
-				
Specimen Clotted				
Insufficient Specimen	Quantity			
Unacceptable Varianc	e (delta check)			
Wrong Collection Con	itainer			
Improper Storage				
*****	3			
WBC count too low to	analyze sample			
Other (Explain)				
		-17.79		
Resolution:				8
		(e) e		
<b>D</b>				

Return Completed Form to: Stem Cell Laboratory Manager,
Barbara Waters-Pick (for QA Purposes)

STCL-SOP-037 FRM 1 UNACCEPTABLE SPECIMEN LOG Stem Cell Laboratory, DUMC Durham, NC

Page 1 of 1

Unacceptable Specimen Log Directions for Completing Log

	ctions for Completing Log
Patient Name, HX#, Location	Enter the patient's name, history number and patient care area.
Sample drawn date/time by: MD,RN, other	Enter the day, month, year and time the sample was drawn. Enter the complete name of the person who drew the sample. Circle the correct designation of the sample collector.
Check Problem Category Below (check all that apply)	Check as many options as are applicable. These will be choices that determine if the sample is unacceptable for analysis.
Mislabeled Specimen	Check this box if the label on the sample is incorrect in any way and complete the <i>Confirmation of Specimen Identification Form</i> .
Unlabeled Specimen	Check this box if the sample arrives without a label and complete the <i>Confirmation of Specimen Identification Form</i> .
Incompletely Labeled Specimen	Check this box if the label on the sample is missing any required data and complete the <i>Confirmation of Specimen Identification Form</i> .
Specimen Lost/Not Received	Check this box if a sample that should be in the lab cannot be located.
Specimen Hemolyzed	Check this box if there is any indication that the sample was hemolyzed and hemolysis interferes with the requested testing.
Specimen Clotted	Check this box if the sample is clotted and clotting precludes testing the sample for the test ordered.
Insufficient Specimen Quantity	Check this box if there is not sufficient sample to analyze for the ordered tests <b>or</b> the sample to coagulant ratio in the tube is incorrect and precludes testing, i.e. the tube is incorrectly filled.
Unacceptable Variance	Check this box if a delta check alerts the operator to the possibility that the sample is either contaminated <b>or</b> labeled as the wrong patient and a redraw is recommended.
Wrong Collection Container	Check this box if the sample arrives in a collection container deemed unacceptable for the ordered testing and a recollection is required.
Improper Storage	Check this box if the sample arrives having been stored in a way deemed unacceptable for the ordered testing and a recollection is required.
Other (Explain)	Check this box if the reason the sample cannot be analyzed does not fit in any of the above categories. Explain in detail the problem with the received specimen.
Resolution	Explain in detail how the issue was resolved to include persons contacted (include date and time) and final disposition of the sample.

STCL-SOP-037 FRM 1 UNACCEPTABLE SPECIMEN LOG

INSTRUCTIONS Stem Cell Laboratory, DUMC

Durham, NC

# STCL-SOP-037 FRM 1 UNACCEPTABLE SPECIMEN LOG EXAMPLE

Patient Name_	Smith, Jason		HX#_	XX1234	Location_	<b>DBMT</b>
Sample drawn	(date) 10/11/05 at (time)	0900	by_	Betty Bo	ор	,MD/RN/other
						(Circle one)
<u> </u>	Check Problem Car	tegor	y Belo	W (check a	ll that apply	)
Mislabeled S	Specimen					
	firmation of Specimen	n Iden	tificati	on Form.	FORM 2	
	50 a 40			<u> </u>	· OIMIT I	
Unlabeled S	necimen					
	firmation of Specimen	ı Ideni	tificati	on Form	FORM 2	
(complete <u>com</u>	in mation of Specimer	ruch	incan	On Porm,	FORM 2	
Incompletel	y Labeled Specimen					
100 miles	firmation of Specimen	ı Idanı	tificati	on Form	FODM 2	
(Complete <u>con</u>	m mation of Specimer	1 Iuch	imean	on rorm,	FORIVI Z	
Specimen I	ost/Not Received					
Specimen E	ost/Not Received					
Consider on II						
Specimen H	emotyzea					
a						
Specimen C	lotted					
Insufficient	Specimen Quantity					
Unacceptabl	le Variance (delta che	ck)				
Wrong Colle	ection Container					
Improper St	orage			(6		
X WBC count t	oo low to analyze sam	ple				
Other (Expla	ain)		*			
	*					
	- 1					
Resolution:	Patient's wbc coutn wa	s too le	ow to p	oerform per	ripheral CD	34 testing.
nurse notified; s	ample will be retested of	on 10/1	2/2000	J <b>S</b> .		
	10 11 23 to 10 10 10 10 10 10 10 10 10 10 10 10 10					

## Return Completed Form to: Stem Cell Laboratory Manager, Barbara Waters-Pick (for QA Purposes)

STCL-SOP-037 FRM 1 UNACCEPTABLE SPECIMEN LOG EXAMPLE
Stem Cell Laboratory, DUMC
Durham, NC

#### **Signature Manifest**

**Document Number: STCL-SOP-037** 

Revision: 02

Title: Unacceptable Specimen Log (FRM1)

All dates and times are in Eastern Time.

#### STCL-SOP-037 Unaccept Spec Log

#### **Author Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick		22 Dec 2011, 10:52:04 PM	Approved

#### **Manager Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		22 Dec 2011, 10:52:24 PM	Approved

#### **Medical Director Approval**

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)	entiposentisso principo (de esperies per es sen en es construir es ses ses sententis es ses sententis es ses s	23 Dec 2011, 08:27:15 AM	Approved

#### **QA Approval**

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG00	6)	23 Dec 2011, 10:08:16 AM	Approved

#### Notification

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		23 Dec 2011, 10:08:17 AM	Email Sent

Review: STCL-SOP-037 02

#### Review

Name/Signature	Title	Date	Meaning/Reason	Manager (Area
Barbara Waters-Pick (WATE02)		12 Dec 2012, 04:45:12 PM	Reviewed	
Betsy Jordan (BJ42)		19 Dec 2012, 07:08:23 AM	Reviewed	

Reviewed

Reviewed

Reviewed

 Sharon Hartis (SH259)
 19 Dec 2012, 10:00:05 AM

 Joanne Kurtzberg (KURTZ001)
 19 Dec 2012, 11:31:26 AM

 Linda Sledge (SLEDG006)
 19 Dec 2012, 01:46:47 PM

Review: STCL-SOP-037 02

#### Review

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		20 Oct 2014, 01:30:58 PM	Reviewed
Betsy Jordan (BJ42)		03 Nov 2014, 03:21:36 PM	Reviewed
John Carpenter (JPC27)		03 Nov 2014, 03:37:21 PM	Reviewed
Joanne Kurtzberg (KURTZ001)		10 Nov 2014, 04:57:35 PM	Reviewed
Sharon Hartis (SH259)		11 Nov 2014, 09:22:43 AM	Reviewed