



STEM CELL LABORATORY (STCL)



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DOCUMENT TITLE:

Confirmation of Specimen Identification Form (FRM2)

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Author: WATE02

Owner: WATE02

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Change Number:

STCL-SOP-038 (FRM 2)

CONFIRMATION OF SPECIMEN IDENTIFICATION FORM

DUMC CLINICAL AND ANATOMIC PATHOLOGY LABORATORIES

1. **Specimen Rejection:** Routine specimens of blood, urine, tissue, or other replaceable body fluids or exudates that are incorrectly labeled will be subject to being discarded. Specimens will not be analyzed until appropriate identification is obtained on the specimen container. The patient care area will be notified of the need for recollection prior to the disposal of the original specimen.
2. **Use of Confirmation of Specimen Identification Form:** This form must be completed and returned to the lab by a person taking responsibility for the specimen. The form will be used for the following limited purposes:
 - a. The test is STAT, and delay for a new specimen could compromise care;
 - b. Clinical reasons for avoiding a second collection exist;
 - c. The patient is unavailable for a second collection.

NOTE: Variation in use by some laboratories may occur due to differences in regulatory requirements and the unique nature of some specimens.

Complete by Laboratory

SPECIMEN IDENTIFICATION PROBLEM

- ☐ Name ☐ History # ☐ Date ☐ Time ☐ Collector's initials/ID#
☐ Specimen label and requisition do not match ☐ Other _____

Specimen labeled as: _____

(Name)

(HX#)

Req. Submitted on: _____

(Name)

(HX#)

Lab Employee Submitting form

Date/Time

Complete by patient unit. RETURN FORM TO: _____

CORRECTED SPECIMEN IDENTIFICATION

Patient Name

History #

Unit/Clinic

Specimen Source

I affirm the accuracy of the corrected information provided and request that the specimen(s) be analyzed. The process of obtaining a new specimen could have a negative impact on the condition of the patient or is not possible at this time.

PRINT NAME _____ DATE _____ TIME _____

SIGNATURE (COLLECTOR). _____

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

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STCL, DUMC

Durham, NC 27705

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Confirmation of Specimen Identification Form
Instructions for Completing the Form

Complete by Lab	This section is to be completed by the lab.
SPECIMEN IDENTIFICATION PROBLEM	
Name	Check this box if the name is incorrect, incorrectly spelled or missing.
HX#	Check this box if the history number is incorrect or missing.
Date	Check this box if the date of collection is incorrect or missing.
Time	Check this box if the time of collection is incorrect or missing.
Collector's initials/ID#	Check this box if the collector's initials or ID# are missing.
Specimen Label and Requisition do not match	Check this box if there is not complete agreement between the sample label and the accompanying requisition.
Specimen labeled as: Req. Submitted on:	Complete this area any time the specimen label and requisition do not match. Enter the information requested exactly as it appears on the submitted requisition and sample label.
Other	Check this box and explain the identification problem.
Complete by patient unit. RETURN FORM TO:	Describe where the unit needs to return the form (i.e. STCL)
CORRECTED SPECIMEN IDENTIFICATION	
Patient Name, History #, Unit/Clinic, Specimen Source	The correct information is entered by the collector for the specimen whose identity is being confirmed.
PRINT NAME	The collector enters their full printed name.
DATE	The collector enters the current date.
TIME	The collector enters the current time.
SIGNATURE (COLLECTOR)	The collector signs the form and returns it to the specified lab.
Return completed forms to:	Stem Cell Laboratory Supervisor, Barbara Waters-Pick for QA Purposes. These forms will be used to identify quality improvement initiatives, etc.

Signature Manifest**Document Number:** STCL-SOP-038**Revision:** 02**Title:** Confirmation of Specimen Identification Form (FRM2)

All dates and times are in Eastern Time.

STCL-SOP-038 Con Spec Ident**Author Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		13 Oct 2011, 05:52:22 PM	Approved

Manager Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		13 Oct 2011, 05:52:50 PM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		13 Oct 2011, 10:41:46 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		14 Oct 2011, 11:44:38 AM	Approved

Notification

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		14 Oct 2011, 11:44:39 AM	Email Sent
Barbara Waters-Pick (WATE02)		14 Oct 2011, 11:44:39 AM	Email Sent

Review: STCL-SOP-038 02**Review**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		28 Sep 2012, 08:09:01 PM	Reviewed

Sharon Hartis (SH259)	01 Oct 2012, 10:16:04 AM	Reviewed
Betsy Jordan (BJ42)	01 Oct 2012, 10:21:50 AM	Reviewed
Joanne Kurtzberg (KURTZ001)	01 Oct 2012, 02:26:50 PM	Reviewed
Linda Sledge (SLEDG006)	01 Oct 2012, 07:21:48 PM	Reviewed

Review: STCL-SOP-038 02

Review

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		05 Aug 2014, 04:29:13 PM	Reviewed
Betsy Jordan (BJ42)		10 Aug 2014, 07:55:49 PM	Reviewed
John Carpenter (JPC27)		12 Aug 2014, 03:34:28 PM	Reviewed
Joanne Kurtzberg (KURTZ001)		13 Aug 2014, 05:04:35 PM	Reviewed
Sharon Hartis (SH259)		26 Aug 2014, 10:15:40 AM	Reviewed