Sanford Policy ENTERPRISE Laboratory Quality:	Handling and Rejecting Suboptimal Specimens, Laboratory- Enterprise
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DATE REVIEWED/REVISED: 10/29/2025	**FORMULATED BY:** Head of Enterprise Laboratory Quality

Reference Policies:
Specimen Labeling, Laboratory- Enterprise

SCOPE:
Enterprise- All employees, All entities

PURPOSE
To describe the criteria for rejection and the process for handling of suboptimal specimens to ensure the quality of testing is not compromised by the collection and transport of specimens.

Definitions
- **Irreplaceable Specimen**: Specimens that are impossible or difficult to recollect, such as cerebrospinal fluid, biopsy specimens, some body fluids, surgical specimens, some cultures, and some blood draws on patients who are very difficult to draw such as a premature infant.

POLICY
Specimens must be labeled appropriately following the Specimen Labeling SOP. All specimens must meet the requirements for individual assays as defined in the procedure specific for the performance of that assay. The laboratory is required to provide information to the ordering provider regarding the condition and disposition of specimens that do not meet laboratory criteria for acceptability. If the provider requests that the laboratory perform testing on a suboptimal specimen and the laboratory agrees to perform testing, the laboratory must note the condition of the specimen on the report.

Criteria that are cause for Rejection:
1. Unlabeled or incorrectly labeled.
2. Containers labeled on the lid only.
3. Leaking containers and grossly contaminated specimens.**
4. Specimens from unauthorized sources.

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5. Specimens received in syringe/container with needle still attached.
6. Quantity not sufficient for testing.
7. Specimens collected in the wrong container.
8. Specimen quality unacceptable for specific analyte (lipemic, clotted, or hemolyzed, etc. based on test ordered.)
9. Transport or storage temperature outside of acceptable specimen stability.
   ** At times it may be appropriate to perform testing on a leaking urine at the discretion of the Laboratory Director. However, the urine will be labeled or identified in a way that would prevent cultures or send out testing to be performed on this sample.

PROCEDURE

1. Every specimen arriving in the lab will be evaluated to ensure it meets the requirements for the testing ordered and is labeled appropriately.
2. Specimens deemed to be unacceptable will be recollected unless they are irreplaceable.
   A. Notify service unit or create a follow up task for client support (as appropriate) of the need to recollect.
   B. Cancel and order a recollect or use the redraw function, if indicated, using an appropriate reason or comment documenting the rejection of the sample.
      1) If the error is identified before accessioning, proceed with accessioning the specimen. Then, cancel the test or order a recollection to ensure the event is documented electronically and included in statistical reporting.
   C. Quarantine the sample appropriately.
   D. DO NOT REJECT irreplaceable specimens without consulting a lead, supervisor, or manager. If there is any doubt about the specimen being irreplaceable, contact leadership to decide if testing can proceed.
   E. Irreplaceable specimens that must be differentiated via laterality must be in separate containers.
   F. Irreplaceable specimens that arrive in the lab not properly labeled may have the label fixed.
      1) The collecting department will be contacted to send the collector to the lab to identify and appropriately label the specimen. The Unlabeled Mislabeled Specimen Form, Laboratory- Enterprise will be filled out. This form needs to be signed by the person coming to fix the specimen. This form will be scanned into the SAFE event that is logged for the occurrence.
      2) If the specimen is sent in such that the collector is not able to come to the lab, the Patient Identifier Discrepancy Form, Laboratory - Enterprise may be faxed to them to fill out and return.

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G. The lab staff will include the following disclaimer dot phrase in the report: "Specimen not properly labeled/identified at collection and was subsequently corrected. Please consider this when interpreting results." (.identitylabel)

3. Specimens that are suboptimal or produce questionable results.
   A. Contact the clinical personnel responsible for patient care or provider, fully describe the specimen condition and explain how the test results may be impacted by the compromised specimen.
      1) Specific things to discuss:
         a. Previous results
         b. Result correlation to patient's current condition.
         c. Was the specimen collected through a line or as part of an IV start that could have affected the sample?
   B. Determine with the caregiver if the sample needs to be recollected.
   C. If sample needs to be recollected, cancel and reorder or use the redraw function using the appropriate reason or comment documenting the rejection of the sample.
   D. If the caregiver accepts the questionable results and does not agree to recollect the specimen, enter dot phrase. CSREPORT:"Suspected compromised samples. Reported at the request of ***"(enter provider/RN/Lab Name).
   E. Enter a chartable comment describing the suboptimal sample conditions.
4. If test results are reported in the EMR but later are determined to be inaccurate, the results will be removed and the dot phrase. CSREMOVE will be used: "Suspected compromised sample. Result removed at the request of ***" (enter provider/RN/Lab Name).
   A. Enter a chartable comment describing the suboptimal sample condition.

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