

**HACKETTSTOWN REGIONAL MEDICAL CENTER
LABORATORY POLICY MANUAL**

SPECIMEN REJECTION

=====

Effective Date: December 2008

Policy No: GENLAB6.06

Cross Referenced:

Origin: General Lab

Reviewed Date: 03/1/12

Authority: Laboratory Director

Revised Date: 08/08, 12/08, 05/10, 01/12

Page: 1 of 1

PURPOSE

To establish criteria for the rejection of specimens.

POLICY

Quality samples must be obtained in order to produce accurate results. Interfering substances and sub-optimal collection techniques can also affect the outcome of testing. If the following conditions are found to be the case, the specimen should be rejected:

1. Hemolysis greater than moderate (chart in chemistry)
 - a. Notation should be made in comment field.
2. Do not run phosphorus on any hemolyzed specimen.
3. Do not run Ammonia on any specimen that is hemolyzed, less than a full tube or not on ice.
4. Do not run CSFP if specimen is hemolyzed.
5. For lipemic specimens, refer to EXL Quick Reference guide and Hematology Procedure Manual for correction factors. Grossly lipemic specimens will be rejected for coagulation testing.
6. Short, clotted, or overfilled tube samples will be rejected for coagulation testing due to incorrect dilution factor.
7. Urines older than 2 hours (unrefrigerated) for urinalysis and 1 hour (unrefrigerated) for culture (if not a preserved specimen)
8. Clotted samples for hematology
9. Any unlabeled specimen.
10. For ABG's clotted and venous specimens will be rejected.
11. All unlabeled specimens will be rejected
12. All specimens that are QNS will be rejected.

If the specimen is rejected, communicate with the floor or physician. Note it on the specimen rejection forms. Modify the collection for recollect in Cerner (see separate procedure). Notify Laboratory Assistant if recollection is necessary. For Respiratory Therapy, the physician will be contacted to determine if a redraw is indicated. In the event that the specimen is irretrievable and specimen testing is still being requested by the ordering physician, note the condition of the sample in the comment field and any

**HACKETTSTOWN REGIONAL MEDICAL CENTER
LABORATORY POLICY MANUAL**

SPECIMEN REJECTION

=====

Effective Date: December 2008

Policy No: GENLAB6.06

Cross Referenced:

Origin: General Lab

Reviewed Date: 03/1/12

Authority: Laboratory Director

Revised Date: 08/08, 12/08, 05/10, 01/12

Page: 2 of 1

limitations or disclaimers that may limit test interpretation. Be sure to include complete documentation of order.