

**HACKETTSTOWN REGIONAL MEDICAL CENTER
LABORATORY POLICY MANUAL**

SPECIMEN REJECTION EXCEPTIONS AND DOCUMENT CORRECTION

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PRINCIPLE

When any situation has been identified due to error in patient identification or other information on a specimen label, corrective action must be taken. Best practice would be to recollect the specimen but under certain circumstances, this may not be possible. Examples of this would be in the case of mislabeling of a fluid, biopsy etc. This policy outlines the action to be taken if these types of situations arise.

PROCEDURE

1. Identify the cause of the error:
 - a. Registration error
 - b. Clerical error.
 - c. Sampling collection error
2. Notify registration if a correction needs to made, reprint label, and label the specimen.
3. Any laboratory documentation errors are to be corrected by the person identifying the error.
 - Draw a single line through the error. -----
 - Write the word "ERROR" next to it.
 - Write in the correct documentation and the date and initials of the person making the correction.
e.g. A pos. ERROR A neg. 10/1/96 RA.
4. In the event of mislabeling of an irretrievable specimen, verify the identity of the specimen by the person collecting it. If possible, have them correct the specimen label themselves.
5. Log results of specimen labeling correction on corrective action log in specimen processing and submit incident report for corrective action to be initiated by the appropriate department manager.

Incidents are to be reported in Hercules on the AHC Intranet.

6. If an inpatient result has left the laboratory, notify the Nursing unit that an error was made and what the correction is. See amended report policy.
7. If an inpatient has already been discharged and a correction must be made, notify the attending physician and amend the charted results in medical records.
8. Any charted results **STAY** on the chart to document reasons for physician treatment of patient. A result charted in error must have a notation added that it is in error and see corrected report. This is the responsibility of the LABORATORY.

- NOTES:**
- a. *Do not use white-out or scribble over a result or documentation for any reason.*
 - b. *If an error correction obscures the original result and/or if any information such as the Reason for the correction, the date or the initials of the person making the change is missing, An error variance report shall be generated and appropriate follow up action shall be taken.*
 - c. *These rules apply to documentation by nursing personnel as well as laboratory staff.*
 - d. *Specimen will be rejected if identity cannot be verified.*