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Guidance on Patient Sample and Request Form Identification Criteria

Institute of Biomedical Science Guidance
on
Patient Sample and Request Form Identification Criteria

As the UK professional body for biomedical science the Institute has established the following guidance for those handling patient samples and request forms and for those responsible for the delivery of clinical laboratory services

The UK health departments have put patient care and safety at the heart of healthcare provision. It is the responsibility of the respective providers and all those involved in the delivery of service and care to deliver safe and high quality patient care. It is the responsibility of the professions themselves to establish those standards of best practice relative to their own professions.

What this guidance does
This guidance defines the minimum criteria that must be in place for the receipt and identification of samples. It should also be noted that blood transfusion requests and samples must follow independent national guidelines and procedure as outlined in Guidelines for the Blood Transfusion Services in the UK, which is supported by the Institute.

What this guidance does not do
This guidance does not attempt to be prescriptive for every situation. Where there are specific requirements these should be referred to in local policy and procedure documents.

The Institute of Biomedical Science has produced this professional guidance document to help biomedical scientists and support staff maintain high standards of practice and patient safety by ensuring that stringent minimum acceptance criteria are in place for the receipt and identification of samples. The guidelines in this document are intended to ensure that the right investigation is performed on the right patient on the right sample at the right time.

They should be read and followed in conjunction with local practice and operating procedures.

Responsibility for requesting laboratory services

The responsibility for requesting a laboratory service or test lies with an authorised, trained and competent practitioner (normally a clinician or nurse practitioner). It is the responsibility of the individual taking the sample to ensure that samples are correctly labelled, and request forms are completed to agreed standards.

There must be up to date information for users in order to facilitate proper use of services.

The information should include instructions for specimen handling and completion of the request form or electronic request. User information should be underpinned by laboratory standard operating procedures and standards. The laboratory should have a sample acceptance policy endorsed by the Clinical/Laboratory Director and/or Quality Manager (whichever is deemed more appropriate).

Medical, nursing and other healthcare professionals must be familiar with and understand the rationale of laboratory procedures and standards. There should be clear written guidelines for those who obtain blood samples from a patient on behalf of the requesting practitioner.
Before accepting a clinical specimen, laboratory staff must ensure that certain minimum
criteria for sample identification are met or is risk assessed against rejecting the sample due to not meeting the minimum standard Laboratories should have a documented process for when and how to carry out this type of risk assessment.

Reception of specimens
Sample and request form information, which can be in paper or electronic format, must be compatible.

The table below indicates the essential data required on samples and request forms. The table also outlines further desirable information which should also be included. Please note this essential data does NOT meet the minimum criteria for blood transfusion.

The detail recorded on different types of specimen may be restricted by the nature of the container and its label. The defined criteria should be realistic enough to deal with these constraints and those of less easily labelled specimens, such as glass slides with smears.

Barcodes on the sample do not replace full sample labelling but if used must be identical to barcodes on the request form – if they are still used. As information systems become more sophisticated, paper requests are being replaced by electronic requesting. Where this is the case, barcoding will be integrated at the site of sampling.

	Essential	Desirable
Sample	• NHS, CHI or Health and Care Number* • Patients full name or unique coded identifier • Date of birth and/or hospital number • Sample type and, were appropriate and clinically relevant, anatomical site of origin	• Date and time • Nature of sample, including qualifying details, e.g. left, distal etc. especially if more than one sample per request is submitted
Request Form	• NHS, CHI or Health and Care Number* • Patient's full name or unique • coded identifier • Date of birth and/or hospital number • Biological sex • Patient's location and destination for report • Patient's consultant, GP or name of requesting practitioner • Investigation(s) required • Specimen type e.g. skin • Anatomical site e.g. left leg • Relevant clinical history	• Clinical information including relevant medication (which is sometimes essential) • Date and time sample collected (which is sometimes essential) • Patient's address including postcode • Practitioner's contact number (bleep or extension) • Identified if a female is known to be pregnant (which is sometimes essential)

Notes:

*Use of the NHS, CHI or Health and Care Number on paper and electronic patient records is a mandatory requirement included within the NHS Operating Framework 2008/9. Patient data should be used to identify the sample up to the point where a NHS or CHI Number is allocated whereupon this becomes the primary identifier.

1. *Everyone registered with the NHS in England and Wales has their own unique **NHS Number made up of 10 digits shown in a 3-3-4 format.***

2. *The Health and Care Number was introduced for the use and benefit of patients and clients resident within Northern Ireland. This number will be used, from birth, for life for receipt of Health and Social Services in Northern Ireland. The Health and Care Number is a 10 digit number randomly selected and allocated to everyone in Northern Ireland. The first two characters of the Health and Care Number must always lie within the range 32 - 39.*

3. *Everyone registered with a Scottish GP practice has their own unique ten-digit number Community Health Index (CHI) number.*

4. *Date and time collected is usually essential for biochemistry samples.*

5. *Microscope slides (e.g. FNAS) must have the patient's forename, surname and date of birth written indelibly.*

6. *Major Incidents – In the event of a major incident there must be a local policy for the use of unique patient/sample identification, such as the 10 digit Majax number.*

Action regarding samples received with insufficient or incompatible minimum patient identification acceptance criteria

Samples or request forms received without the minimum essential identification criteria may be rejected without analysis or referred back to the requesting practitioner. The standard operating procedure MUST instruct laboratory staff NOT to amend details on the sample.

In cases where an inadequately labelled request form is received with a sample from a patient who is not easily accessible for a repeat, or if the sample is difficult/impossible to repeat (e.g. a brain biopsy) then the sample may be processed at the discretion of senior biomedical scientist or other authorised personnel in accordance with local protocols. This should also apply to precious, unrepeatable samples. The report should show a clear disclaimer detailing the shortcomings of the sample and/or request and alerting the requesting practitioner to take responsibility for the results, and for any action taken as a result of the report.

Inconsistencies detected at validation and authorisation of results

Biomedical scientists and reporting pathologists must be aware of the importance of relevant clinical information when validating and authorising results, especially when cumulative records and/or a delta check are available. An unexpected test result can highlight the possibility of an incorrectly labelled sample or request form and should be investigated immediately, and prior to the result being released to users.

<u>The standard operating procedure for sample acceptance by the laboratory must define locally agreed and minimum acceptable identification criteria and the course of action to be followed when these criteria are not satisfied.</u>

The standard operating procedure must be in accordance with national guidance and information given by other sources such as the Health and Care Professions Council, ISO 15189:2022 standards and the Royal College of Pathologists.

In the case of cervical cytology requests Standard Request Forms HMR 101/5 are used.
In Scotland the request is electronic through Scottish Cervical Call - Recall System. These include patient's address as an essential requirement.

Further information:

United Kingdom Blood Transfusion Services
Guidelines for the Blood Transfusion Services in the UK
www.transfusionguidelines.org

NHS Operating Framework 2022
https://www.england.nhs.uk/publication/operating-framework/

https://www.gov.wales/nhs-wales-performance-framework-2022-2023

NHS Number Programme
https://digital.nhs.uk/services/personal-demographics-service/nhs-number

Health and Care Professions Council
www.hcpc-uk.org

UKAS
http://www.ukas.com/

Medical laboratories- Requirements for quality and competence (ISO 15189:2022)
https://www.iso.org/standard/76677.html

Royal College of Pathologists
www.rcpath.org

BCSH guidelines
Guidelines for the administration of blood and blood components and the management of transfused patients. *Transfusion Medicine 2017*
https://onlinelibrary.wiley.com/doi/full/10.1111/tme.12481

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