When specimens submitted to the laboratory are found to be unacceptable for testing by the technologist, steps are taken in the hospital LIS to reject and reorder the sample. Proper notifications must be made and documented to ensure recollection. Quality assurance reports are filled out for certain scenarios.

1. **CRITERIA FOR ACCEPTABILITY/REJECTION**
	1. Incorrect specimen submitted for testing
	2. Quantity of specimen submitted is insufficient for ordered test.
	3. Incorrect or incomplete information on specimen labels or Hospital Information System order.
	4. Patient information on specimen label and Hospital Information System order do not match.
	5. Improper handling of specimen (i.e. not on ice)
	6. Finger stick specimen submitted for venous blood test.
	7. Specimens drawn above an IV site.
	8. Hemolyzed specimen.
	9. Clotted specimens for Hematology/Coagulation testing.
	10. Coagulation specimens (light blue top tubes) that are under-filled or over-filled.
	11. Evacuated additive tubes that are under filled or over filled. All must be filled to or within ±10% of the fill mark or stated draw volume.
	12. Additive microtainer tubes that are under filled or over filled. All must be filled to between the 250ul and 500ul fill marks.
	13. Microbiology specimens.
		1. Urine at room temperature for greater than 1 hour.
		2. Sputum at room temperature for greater than 2 hours.
		3. External contamination or leakage of specimens.
		4. Specimens with no specific collection source
2. **UNACCEPTABLE SPECIMEN/RECOLLECTON PROCEDURE**
	1. The technologist identifies the need for recollection, either because of problems with labeling, specimen integrity (clot, short-sample, hemolysis, etc.,) or for result verification (delta check, questionable results, etc.).
	2. The technologist notifies the nursing unit or physicians’ office of the need to recollect and arrangements are made of whether nursing staff will recollect the sample or if laboratory phlebotomy staff will collect the sample.
	3. The technologist will add a specimen rejection marker in the hospital LIS.
	4. The technologist will cancel the order with a comment documenting the first and last name of the person who was notified for the need to recollect.
	5. The technologist will reorder the test and notify laboratory phlebotomy personnel to recollect if needed.
	6. The technologist will fill out a QA report for rejections due to mislabeling.
3. **PROCEDURAL NOTES**
	1. **Relabeling Protocol**
		1. Unit personnel are not routinely allowed to re-label specimens already received in the laboratory. Exceptions may be granted for specimens that cannot be recollected (CSF, culture collected in surgery, catheter tip for culture, surgical tissue, etc.) or case by case exceptions may be requested by the physician, nurse manager, charge nurse or nursing supervisor because of special circumstances.
		2. These requests must be made by the nursing supervisory personnel or the physician directly to the laboratory supervisor or senior tech on duty.
		3. If the exception request to re-label is granted by the laboratory supervisor, the nursing personnel that collected the specimen must come to the laboratory to identify and re-label the specimen. They must complete and sign a “*Statement of Responsibility for Patient Identification* form.”
		4. When the “*Statement of Responsibility for Patient Identification”* form is completed, and the specimen is relabeled, the acting laboratory supervisor will accept the specimen for testing on the same form. Appropriate comments in the hospital LIS are added, documenting the specimen mislabeling occurrence.
		5. The “*Statement of Responsibility for Patient Identification*” form, with attached specimen inquiries, are submitted for Laboratory QA documentation and follow up.
4. **RECORDS**
	1. All rejection and recollection notifications are stored as internal comments in the Hospital LIS.