



POLICY ON IDENTIFICATION DETAILS REQUIRED ON SAMPLES SUBMITTED FOR GENETIC ANALYSIS

This policy has been developed to ensure that the correct result is issued for your patient. Genetic tests are usually only carried out once in a patient's lifetime, so it is essential that the right result goes to the right patient. This policy is in line with international guidelines for sample identification, as listed at the end of this document.

1. GENERAL RULES FOR ALL SAMPLES

- There are only three acceptable identifiers:
 - Full name
 - Date of birth (DOB)
 - Hospital/medical record number.
- All samples must be clearly labelled with a name according to the criteria for the specific sample type (see below), and at least one of the other two identifiers. Double-barrel names must be present on both sample and referral form.
- A pathology reference number must not be used as a unique identifier
- All samples must be accompanied by a referral form or letter, containing a minimum of two of the patient's unique identifiers which are given on the sample. The referral form or letter must be received at the same time as the sample.
- Any samples not meeting acceptance criteria must not be accepted for testing until appropriate steps have been taken according to this policy

BLOOD TUBES, BUCCAL SWABS, MOUTHWASHES & GUTHRIE CARDS, BONE MARROW TUBES:

The patient must be clearly identified by forename, surname and another unique identifier. Occasionally a patient name is replaced by initials or a code where anonymity has been requested (for example a member of the prison population, or a person with a disorder involving an aspect of sexuality). Such samples are acceptable provided both the date of birth and hospital number are given.

NEWBORN BABIES:

Where a forename has not been established for a newborn baby, the baby's hospital/medical record number must be clearly marked on the sample container and request form.

TUMOUR BLOCKS:

All tumour blocks must have the standard unique histopathology number on each block to match that given in the accompanying histology report or referral letter.

DNA:

All DNA sample tubes must be clearly labelled with the patient's forename and surname. The laboratory accession number of the referring laboratory is an acceptable alternative, second unique identifier in place of date of birth or hospital/medical record number.

PRENATAL SAMPLES AND PRODUCTS OF CONCEPTION:

Sample containers and referral forms must clearly bear the forename and surname of the mother and either her date of birth or hospital number, date of sampling and an indication as to the sample type (e.g. CVS, amniotic fluid, foetal material, products of conception etc).

2. POLICY FOR DEALING WITH DISCREPANCIES BETWEEN THE DETAILS ON THE SAMPLE AND THOSE ON THE REFERRAL DOCUMENTS

MINOR DISCREPANCIES

Minor discrepancies are defined as those that involve slight discrepancies in the name of the patient and do not involve errors in DOB and hospital/medical records number.

The following, minor discrepancies, are acceptable, provided the identity is supported by a unique identifier:

- (i) Minor mis-spelling of a forename or surname e.g. Ann/Anne; Rachel/Rachael; Green/Greene; Hennessey/Hennessy
- (ii) Use of forename abbreviations e.g. Patrick/Pat/Paddy/Ptk
- (iii) Use of a forename initial

MAJOR DISCREPANCIES

Major discrepancies are defined as those which involve a change in forename, surname, DOB or hospital/medical record number. Such discrepancies are not acceptable unless there are extenuating circumstances, in which case a deviation request must be initiated.

Unlabelled sample:

An unlabelled sample must not be accepted.

Altered Details on Sample:

A sample containing altered details must not be accepted for testing, even if the details changed are initialled (as we do not know who made the changes or under what circumstances the changes were made).

Addressographs:

Addressographs on the referral forms and samples are acceptable provided they relate only to the patient from whom the sample was taken.

Altered addressographs are acceptable only in the following circumstances, providing the 'general rules for all samples' as detailed in section 1 above are met:

- A couple referred for miscarriage or infertility investigations. The male partner sometimes has no hospital number of his own and is clearly identified by a note on the wife's label as e.g. "John, husband of....." and the husband's date of birth.
- A products of conception sample with the label altered to read, e.g. "foetus of..."

Sample details do not match the request form:

Any sample on which the identification details do not clearly match the accompanying request form must not be accepted.

Illegible handwriting on sample:

Any sample on which the handwriting is illegible must not be accepted.

Multiple samples on same patient with discrepancies between the samples:

It is not appropriate to cherry pick the correctly labelled samples. Routine samples must not be processed. If the sample is urgent, confirmation that the samples are all from the same patient must be sought and a deviation from policy form must be completed by the referring clinician.

APPENDIX: GUIDELINES CONSULTED IN FORMULATING THIS POLICY

The European Molecular Genetics Quality Network (EMQN) Internal Quality Control Guidelines, 2003

The CMGS Draft Guidelines for Internal Quality Control of Sample Reception and DNA Extraction (2003).

Institute of Biomedical Science London. Patient sample and request form identification criteria (1996)

NCCLS (National Committee for Clinical Laboratory Standards, USA), June 1998. Approved Standard H3-A4(4th edition): "Procedure for Collection of diagnostic blood specimens by venipuncture."

NCCLS (National Committee for Clinical Laboratory Standards, USA), June 1998. Approved Standard LA4-A4(4th edition): "Blood Collection on filter paper for newborn screening programs."