

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Labelling Tissue Specimens Policy

Version No.:	2.0
Effective From:	26 January 2012
Expiry Date:	26 January 2015
Date Ratified:	17 January 2012
Ratified By:	Laboratory Medicine Executive

### 1. Introduction

This policy is to be used for the labelling of tissue specimen(s) taken from a patient in any clinical area of the Trust. Such labelling is a formal identification procedure, conducted by two members of staff to minimise errors and so promote patient safety.

This policy outlines the procedure for labelling the specimen pot and corresponding request form with all relevant information.

### 2. Policy Scope

Any specimen taken from a patient must be formally checked and labelled by two members of staff who both of whom must be one of the below listed:

- qualified nurses
- qualified midwives
- health care assistants (level 3 competency)
- qualified operating department practitioners
- qualified doctors
- qualified dentists
- registered dental nurses

(students can only be observers and not one of the signatories).

### 3. Policy Aims

To assure tissue specimens are collected in a manner that will assure accurate results and that these specimens are labelled to ensure reporting of results for the correct patient.

### 4. Roles and Responsibilities

**Heads of corporate and clinical departments or directorates** are responsible for ensuring that the policy is implemented in their individual departments.

It is the responsibility of **all staff** to ensure they work in line with this policy.

It is the responsibility of the **person taking the specimen** to identify the patient, to make sure that patient corresponds with the request form and to label the specimen correctly.

## 5. Process:

### 5.1 Before Labelling

1. ensure that this procedure is done at/just after the specimen is taken and whilst the patient is still present
2. only the identified patients notes must be in the clinical area
3. the patient must have an identity wristband if anaesthetised or sedated (please refer to the [Patient Identification Policy](#) )
4. specimen container(s) or request form(s) must not be pre labelled

### 5.2 Labelling of Specimen(s) and request form

This must be done by two members of staff, as outlined above, who will

1. check the details of the specimen with the operator/surgeon
2. label the specimen pot accurately with patient details using a handwritten (handwriting MUST be legible) or current addressograph label. Using the patient's notes complete the request form legibly to include all the following essential information:

- ✓ Patient's Full Name (or coded identifier where applicable e.g. specimens from GUM clinics) (most recent name)
- ✓ Date of Birth
- ✓ Hospital Number
- ✓ Patient's location **and** destination for report
- ✓ Patient's Consultant
- ✓ Name of requesting doctor/practitioner and contact number
- ✓ Clinical information
- ✓ Potential risk of infection
- ✓ Date and time sample collected

In the case of placentas sent for histology, all the above details will be those of the mother, not the baby.

Please refer to the following Trust Policies:

[Sample Acceptance and Rejection Policy](#)

[Sample Acceptance and Rejection Quick Reference Guide](#)

3. check the details on the specimen label and on the request form via one of the three methods:
  - i. if the patient is conscious and competent, by asking the patient their full name, address and date of birth and checking with their identity wristband if present
  - or
  - ii. if the patient has no identity wristband and is considered incompetent to give these details these should be provided by the accompanying parent/guardian/carer who has signed the consent form for the procedure

or

- iii. if the patient is anaesthetised/sedated details on the labelling should be checked with the full name, address, date of birth and hospital number on the identity wristband
- 4. where multiple specimens are obtained from a single patient, both the specimens and the request forms need to be clearly labelled to identify the different areas of origin of the separate samples
- 5. when slides for cytological examination are submitted, the slide itself needs to have written on it the patients initial, surname, hospital number and date of birth.

### 5.3 Preparation for Transport of Specimens

The same two members of staff are responsible for ensuring that the labelling of specimen(s), completion of request form and bagging for transport are completed. This duty must not be 'handed off' to a third party. For further information please refer to the [Transport of Clinical Specimens policy](#).

### 5.4 Tissue Specimen Log

All clinical areas where tissue specimens are taken must keep a record of specimens sent, recording the surname, forename, MRN, date and time of sending and department sent to.

## 6. Health and Safety

For histology requests, samples with known or suspected risk of infection e.g. hepatitis, HIV or tuberculosis must be labelled as a biohazard. A lack of sufficient clinical detail provided on the request form regarding potential risk of infection may result in the sample being handled in the wrong biological containment level with resulting increased risk of infection to laboratory staff.

See: Health and Safety Executive 9/12/2011

"Provision of key clinical information on laboratory specimen requests"

<http://www.hse.gov.uk/safetybulletins/clinicalinformation.htm>

## 7. Monitoring and Review

<b>Standard / process / issue</b>	<b>Monitoring and audit</b>			
	<b>Method</b>	<b>By</b>	<b>Committee</b>	<b>Frequency</b>
	Providing the information required will ensure the health and safety of laboratory personnel and will lead to accurate and timely reports.	Department of Cellular Pathology. The Department will arrange update meetings with those users who fail to comply with this Trust policy.	Clinical Policy Group and the Trust Communication Meeting	<b>Monthly</b>
	All incidents, accidents or near misses, related to the labelling of tissue specimens should be reported on DATIX	Clinical Governance and Risk Department	Clinical Risk Group	<b>Six monthly reports on themes and trends</b>

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Labelling Tissue Specimens	Policy Author:	Original: Dr Karen Beacham 2012 modifications: Mr.Terry Coaker
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		This policy is to be used for the labelling of tissue specimen(s) taken from a patient in any clinical area of the Trust. There is no element of discrimination in relation to race, ethnicity, nationality, gender, culture, religion, sexual orientation, age or disability.
	• Race	No	
	• Ethnic origins (including gypsies and travelers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	N/A	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

*For advice on answering the above questions please contact Helen Lamont, Deputy Director Nursing & Patient Services, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation with relevant stakeholders to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker.*

Name of Person responsible for completion of this form and who else has been involved in the consultation process: Dr Karen Beacham (Consultant Anaesthetist, Freeman Hospital).  
Mr.Terry Coaker (Histology Operations Manager), staff in endoscopy and dermatology.

Date of Completion: 2012-01-10 Action Plan due (or Not Applicable): N/A

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)