I. PURPOSE
   a. To enhance patient safety by providing a consistent method for correct reception, identification, and rejection of inpatient and outpatient specimens.

II. POLICY
   a. For all specimens taken from patients or received in the Department of Pathology at UCSF for clinical testing, the person receiving the specimen must use two patient identifiers to ensure accuracy regarding the correct patient and the correct specimen. According the Joint Commission National Patient Safety Goals, the submitted specimen must be labeled with the patient's first and last name plus a second unique identifier, e.g. medical record number, date of birth, or outside accession number. Specimen information must be reconciled against the test requisition to ensure the sample is correct.

III. SCOPE
   a. This policy is intended for use within UCSF Medical Center. Other institutions submitting specimens and consult cases to the Department of Pathology should conform to this policy.

IV. PROCEDURE
   a. Receipt and identification of specimens
      i. General Rules for Specimen Receipt:
         1. A test requisition must accompany the specimen container/s.
            a. Reconcile the test requisition against the specimen container/s to ensure correct sample/s.
            b. Verify that the test requisition has the following information:
               i. Patient's first and last name
               ii. Patient's gender
               iii. Patient's age or date of birth
               iv. Anatomical specimen source or site
               v. Patient location (hospital, floor, clinic, private office)
               vi. Date specimen was obtained from patient
               vii. Attending or referring physician's name or Allied Health Practitioner
               viii. Pre-op diagnosis / ICD 9 code should be listed.
            c. Date and time the specimen arrived in the laboratory must be clearly indicated on the test requisition. This can be achieved using the time/date machine.
            d. Any special handling requirements should be indicated.
         2. Specimen container/s must be labeled with the patient's first and last name and at least one of the following:
            a. Medical record number
            b. Date of birth
            c. Accession number (unique specimen accession number designated for patient's sample).
         3. Specimen slide/s must be labeled with the patient's first and last name and at least one of the following:
            a. Medical record number
            b. Date of birth
c. Accession number

d. Specimen slides from outside institutions should have at a minimum the outside accession number, but may have the patient's name.

4. Specimen blocks must be labeled with the accession number (which is traceable back to two patient identifiers).

b. Exception cases

i. Frozen Sections – also referred to as Intraoperative Diagnosis:
   1. Frozen sections provide a means of rapid diagnosis to allow a surgeon to make a therapeutic decision.
   2. Slide labels are comprised of the patient's last name and accession number. In the event space provided is not sufficient for the entire last name, the label will contain as much of the last name as possible.

ii. Fine Needle Aspiration Cases (FNA):
   1. Fine Needle Aspiration is a diagnostic procedure used to investigate lumps or masses.
   2. Slides are labeled on the etched edge with the patient's last name and date of birth.

c. Consult cases

i. For consult or referral cases, a cover sheet or cover letter must accompany the corresponding slides or blocks.

ii. Specimen block/s from outside institutions should have at a minimum the outside accession number and letter designation.

iii. Specimen slide/s from outside institutions should have at a minimum the outside accession number, but may have the patient's name.

V. SPECIMEN REQUIREMENTS

a. Collection Container:

   i. All specimens must be collected in a container that can be safely transported and handled without leakage.

b. Surgical Pathology specimens

   i. Formalin-fixed specimens:

      1. Should have a 1:20 tissue to formalin ratio.
      2. For breast specimens and other specimens where a biomarker evaluation is anticipated e.g. ER, PR, and HER2, “Time in Formalin” must be recorded on the test requisition or specimen container.

   ii. Fresh specimens:

      1. Include but are not limited to: frozen sections, breast needle localization specimens, muscle biopsies, any tissue for electron microscopy, immunofluorescence, flow cytometry, snap freezing, cytogenetics, etc.
      2. Microbiology specimen should be placed in a sterile tube before arrival into pathology. If microbiology studies are also needed and more than one tube is received, one tube should be dedicated to microbiology. If only one tube is received, microbiology is given priority to maintain sterility of the sample, only if this does not jeopardize surgical pathology evaluation, therefore a call to the submitting clinician / surgeon is needed. Upon completion of
sampling, microbiology will return the remaining specimen to pathology.
3. Specimens too large for large containers such as limbs; the specimen should be double bagged, preferably triple bagged, the bag knotted, with an addressograph label affixed to the bag.
4. Fresh specimens should be delivered to pathology and handed to pathology staff member, resident or pathologist.

c. Cytology specimens:
   i. All Fine Needle Aspiration (FNA) specimens must be verified by the performing pathologist and noted on the cytology requisition. See cytology operations manual for detailed instructions.
   ii. All cytology specimens, slides and secondary containers (95% alcohol fixative, cytolyte tubes, and formalin tubes) and any ancillary study containers must be labeled with two patient identifiers as mentioned above.
   iii. All cytology specimens should be delivered to the cytology laboratory. After hours, unfixed specimens must be refrigerated. At Moffitt, specimens can be refrigerated in the specimen processing area of clinical labs or at the pass thru refrigerator in M576. Specimens immersed in alcohol, cytolyte holding medium or air-dried on slides may be kept at room temperature.

d. Electron Microscopy (EM) and immunofluorescence specimens:
   i. Specimens are received in the EM laboratory from surgical pathology, outside referring hospitals, clinicians delivering biopsies from patient procedure rooms in Moffitt / Long and departmental research laboratories.
   ii. Outside consult specimens are typically identified with the patient's name and outside accession number, accompanied with a consult letter or outside EM consult form.
   iii. During regular laboratory hours, EM specimens which arrive at the surgical pathology accession desk should be placed in the surgical pathology refrigerator. The EM lab is contacted for specimen pickup. After hours, the container/s is/are stored in the surgical pathology refrigerator for later pickup by EM staff. The container/s must be labeled with the patient's name, surgical accession number and tissue source.

e. Autopsy Services:
   i. Prior to delivery to the morgue, patient remains shall be identified by either hospital identification bands or toe tags showing two patient identifiers. Remains must be wrapped in a shroud and sealed in a hospital-issued body bag. Outside bodies brought for autopsy must be double-bagged.
   ii. Formalin-fixed specimens (e.g., brain removed at outside hospital) should be completely fixed (1 part tissue: 10 volumes fixative) prior to delivery to the morgue. The tissue should be packed and kept moist with a small amount of formalin. The specimen should be completely double-sealed in a shipping container with a proper label. The morgue staff should be notified that the specimen is being shipped and can be expected to arrive at a certain time.

VI. HANDLING AND TRANSPORT
   a. Specimen containers must be securely capped, kept in an upright position, free of overt contamination, and accurately labeled before being placed in a biohazard bag. A test requisition must accompany the specimen.
   b. Specimens are transported to the department in a biohazard bag. The surgical requisition form accompanies the specimen in the exterior pouch. Limbs are one
exception due to their size. Limbs are double bagged, preferably triple bagged and the test requisition is attached to the bag exterior.

c. Immunofluorescence samples:
   i. Samples must be kept fresh, moist and uncontaminated by formalin or EM fixatives. The biopsy must be placed on a saline-dampened (not soaking) telfa or gauze pad, placed within an empty specimen container or petri dish, preferably on a cool pack during transport. The entire fresh specimen may be transported to pathology for immediate dividing for EM/IF tests.
   ii. After hours, immunofluorescence samples are placed in an immunofluorescent fixative (Zeuss) using non-contaminating technique and left in the pass-thru refrigerator for pick up the following day along with the LM and EM portions.

d. The bodies of decedents from Moffitt-Long are delivered to the morgue (M55) as soon after death as is possible. Bodies from Mount Zion that are slated for autopsy are delivered as soon as is practical. The morgue staff must be notified in advance of any deliveries from an outside facility. The morgue staff receives all specimens that are delivered by courier. All delivered remains whatever the source are recorded in the Autopsy Log Book. Before the autopsy commences, a time-out is performed to check the identification tag of the body or specimen. Two identifiers are checked by both the autopsy technician and the pathology resident, and if identification is proper the resident initials the tag.

VII. HAZARD COMMUNICATION
   a. Containers filled with 10% neutral buffered formalin must be labeled with a formalin hazard label. The patient label should not cover the formalin hazard label and vice versa.

VIII. OTHER PERTINENT INFORMATION – CONTACT INFORMATION
   a. Pathology Administration at (415) 353-1613 for questions regarding surgical pathology specimen receipt and identification.
   b. Cytology at (415) 885-7301.
      i. See Appendix A for gynecologic specimen collection
      ii. See Appendix B for non-gynecologic specimen collection
   d. Autopsy Services at (415) 353-1629 for questions regarding identification of specimens, proper containment and delivery to the morgue.

IX. CRITERIA FOR SPECIMEN REJECTION
   a. Name on test requisition and specimen container do not match.
   b. Specimen container or test requisition does not have the patient’s first and last name and two of the following:
      i. Medical record number
      ii. Date of birth
      iii. Outside accession number (unique specimen accession number designated for patient’s sample by submitting institution).
   c. Specimen source is not indicated on the test requisition or specimen container.
   d. Physician or provider name not given.
   e. Improper fixation or handling of specimen. e.g. cytology specimen fixed in formalin if not intended for a cell block, dried out, etc.
f. Specimens unsuitable for Anatomic Pathology evaluation. e.g. stool samples, viral cultures, etc.
g. Submitted slide is broken beyond repair.
h. Autopsy specimens with remains delivered from an outside facility that are not double-bagged will be rejected and returned to the submitting institution.

NOTE: Pathology will make every effort to obtain the information needed to process the specimen; however if unsuccessful, the specimen will not be processed and the requisition and specimen will be returned to the appropriate location.

X. REFERENCES
   a. The Joint Commission National Patient Safety Goals, NPSG 2011
   b. The Joint Commission Laboratory Accreditation Manual, 2011
   c. UCSF Medical Center Specimen Labeling and Identification Policy 6.04.14

XI. APPENDIX
   a. A – GYN Specimen Directions
   b. B – Non-GYN Specimen Directions