

**Client Resource - Edmonton Zone Policy for Specimen  
Acceptance in Anatomical Pathology**

Effective Date: February 29, 2016

Anatomical Pathology

RAPHIR00023MUL  
Version: 1.1

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This document is applicable at site(s):

**CCI    GNH    MIS    RAH    SGH    UAH**

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## **Client Resource - Edmonton Zone Policy for Specimen Acceptance in Anatomical Pathology**

### **Applicability**

This document applies to anyone submitting samples to the Edmonton Zone Anatomical Pathology Laboratories. Please refer to *Acceptance of Laboratory Samples and Test Requests Policy - Appendix A*

### **Purpose**

Complete and correct clinical and demographic information is required on all requisitions. Incomplete information results in delays or difficulty in reporting or possible rejection. All specimens must be submitted with the appropriate requisition. Specimens will be accepted, accessioned and processed only if they meet the requirements listed below.

### **Policy**

#### Specimen Container

Specimens will be accepted by the Anatomic Pathology division when labeled with:

1. Patient's FULL first and last name.
2. One of the following identifiers:
  - Personal Health Number (PHN) or Unique Lifetime Identifier (ULI) number
  - Hospital Patient Identification Number (RHRN or MRN)
  - Personal Identification number (e.g. Federal numbers such as Military, RCMP, Refugee, Immigration, etc.)
3. Body site of tissue origin.

Multiple specimens on the same patient with the same collection date must have an numeric designation (1,2,3, etc.) that coincides with the requisition. The information on the specimen container must match the information on the requisition.

Specimens from patients with known or suspected infectious diseases should be marked as infectious.

Specimens may be rejected if the lid was not secured and contents are leaking, or if there is a safety risk to laboratory personnel (e.g.. specimens received in a syringe).

### Requisition Requirements

Requisitions received with specimens by the Anatomic Pathology division **MUST** include:

1. Patient's first & last name
2. Date of birth
3. Gender
4. One of the following:
  - Personal Health Number (PHN) or Unique Lifetime Identifier (ULI) number
  - Hospital Patient Identification Number (RHRN or MRN)
  - Personal Identification number (e.g. Federal numbers such as Military, RCMP, Refugee, Immigration, etc.)
5. Full name of the physician to act on the results and the location that the report should be sent to (unit, clinic location, address)
6. Full name of the physician who removed the tissue and the location that the report should be sent to (unit, clinic location, address)
7. Collection/procedure time and collection date
8. Requisitions for examination of breast tissue require:
  - Devitalization date and time
  - Time the tissue was placed into fixative (formalin)
9. Relevant clinical history
10. Specimen type and origin

NOTE: Multiple specimens on the same patient with the same collection date can be put on one requisition. The containers must have the body site and an numeric designation (1,2,3 etc.). The requisition must list the body sites with their numerical designations.

### **When a Specimen does not meet the Criteria for Acceptance:**

The submitting facility/physician will be contacted. An opportunity will be provided for a member of the medical/nursing staff to come to the laboratory to correct the deficiency and complete a Deficiency Resolution form.

If the deficiency cannot be resolved at the Hospital site:

- The deficiency or discrepancy will be indicated on the Deficiency Resolution form.

The Deficiency Resolution form and other paperwork must be returned to the laboratory with the correct information and signature, **only then** will the specimen will be processed and the deficiency/discrepancy information will be placed in the report.

**Note: Specimen(s) will not be returned to the submitting location without a signed request from the submitting site.**

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## Policy Notes

- Because of the risk to a patient's privacy, if a physician's full name and address (or code specific to a location) is not included on the requisition, then a copy of the report will not be sent. The specimen will still be processed by the lab, but no copy of the report will be sent.
- It is important to make sure that the correct information goes under the correct heading on the requisition, so that information is not missed.
- Abbreviations- Body Sites abbreviations will not be accepted. Left and Right may be abbreviated Lt. and Rt. Respectively. For Procedure type the following abbreviations will be accepted.
  - **FNA** – fine needle aspirate
  - **FNB** – fine needle biopsy
  - **TBNA** – transbronchial node aspiration
  - **TBB** (sometimes written as TBBx) – transbronchial biopsy
  - **BAL** – bronchoalveolar lavage
  - **EBUS** – endobronchial ultrasound
  - **EUS** – endoscopic ultrasound
  - **SMNA**- Sub-Mucosal Aspirate

## References

*Acceptance of Laboratory Samples and Test Requests Policy - Appendix A* found in the Laboratory Quality Manual.

(<http://www.albertahealthservices.ca/assets/workflows/LabServices/wf-lab-sample-acceptance-appendix-a-dec-2012nm.pdf>)

For more information or questions please contact your local laboratory or laboratory client services at 1-877-868-6848 or [labclientservices@albertahealthservices.ca](mailto:labclientservices@albertahealthservices.ca)