



INODAYAHospitals - Kakinada		Documentation code: INH/AAC.Doc.No:14
Policy on Sample Management		Prepared Date: 05/09/2023
Reference: AAC.6.e. NABH Standards – 5 th Edition		Issue date: 05/09/2023
Issue No: 2	Review NO: 01	Review Date: 04/09/2024

1. POLICY

Sample shall be collected, identified, handled, and transported, to “Pred Labs” By Inodaya hospital staff

2. PURPOSE

To standardize the process for sample collection, identification, handling, transportation. Specimen Integrity is dependent on accurate pre-analytical processes to include patient preparation, specimen collection, handling, and transportation. Improper collection and handling of samples can give erroneous results and compromise the care of the patient. These guidelines cover some of the key steps in handling blood samples to provide optimal specimens for testing.

3. SCOPE

To be used by the hospitals/ clinicians/ laboratories planning to collect appropriate clinical samples as indicated for diagnosis

4. RESPONSIBILITY

Pred Laboratory Technicians, Laboratory In charge, Sample collection, IPD, OPD, Housekeeping services & Biomedical Waste processing services, wards, ICU.

6.. PROCESS DETAIL

6. 1 DESCRIPTION OF THE PROCESS FOR SAMPLE MANAGEMENT:

6.1.1 Sample Collection:

- The request form is completed accurately and the identity of the patient confirmed
- The specimen container is labeled correctly
- The patient is appropriately prepared
- Effective hand washing is performed, before and after collection of the specimen

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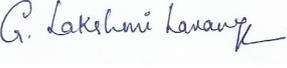
- The specimen is collected correctly and the appropriate protective equipment clothing is worn; i.e. gloves, apron and, where splashing is possible or expected, goggles or a visor
- A vacuum collection system is used when performing phlebotomy
- The correct specimen is taken at the correct time
- The normal flora of the patient or the person collecting the specimen does not contaminate the specimen
- An adequate quantity and appropriate number of specimens is provided
- The risk of interchange of samples and sub samples is minimized
- All materials used in specimen collection are disposed of in a safe manner
- High risk specimens are identified and processed correctly
- Specimens are clearly labeled and transported to the laboratory in approved containers only
- All spillages and breakages are dealt with correctly
- The safety of the specimen collector, carrier, the general public and receiving laboratory is ensured by minimizing risk

6.1.2. Specimen Containers

Specimen containers must be sufficiently robust to withstand the stresses likely to be put upon them, and must not leak in normal use. Only containers approved by the Lab may be used, so that the integrity of the specimen is suitably ensured during transit to the laboratory. Specimens that are sent in non-approved containers may not be processed by the laboratory.

The person sending the specimen must ensure that the container used for the transportation to the laboratory is the appropriate one for the purpose. It must be properly closed and checked to ensure no external contamination by the contents of the specimen container.

Every specimen container, and request form, must describe the nature of the specimen.

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6.1.3. Storage of Specimens

For accurate results to be obtained, specimens should be received by the laboratory as soon as possible. Specimens for microbiological investigation should, ideally, be examined as soon as possible. Where this is not practicable, delays in transportation should be kept to a minimum and specimens should be refrigerated. Specimens may be kept in a refrigerator (4-8°C) for a maximum of 24 hours prior to transportation. This will help prevent bacteria and contaminants from multiplying and giving misleading results.

However, it must be noted that samples taken for blood culture examination must not be refrigerated. These must be transported to the laboratory as soon as possible for incubation at 37°C (a small incubator is located in the Pathology Reception area for this purpose).

Semenology samples: The Pathology Reception staff stamp date and time the front of the form as soon as a semen specimen reaches the pathology reception department and then places the sample in the white lidded box in the 37°C incubator in the small lobby room by reception. These samples must not be refrigerated under any circumstances. Any

6.1.4. Specimens from High Risk Patients

All specimens should be regarded as potentially infectious.

Certain specimens from patients who are known or suspected to have the following diseases/ conditions constitute a potential higher risk of infection to persons handling the specimens (nursing, potting, transport, reception and laboratory staff):

- Typhoid/paratyphoid fever (faecal specimens only)
- Dysentery (faecal specimens only)

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- Tuberculosis (specimens from sites where tuberculosis infection is likely)
- Anthrax
- ☑ Transmissible Spongiform Encephalopathy (including CJD)
- Viral hemorrhagic fever
- Pandemic Flu

In order to ensure reports being sent to the correct destination, request forms should be Correctly and legibly completed with the following minimum details:

- Patient identity Case Number
- Surname
- First Names
- Age
- Sex
- Area of sample collection
- Date and time of collection
- Consultant or General Practitioner
- Tests required
- Nature of specimen submitted
- Relevant clinical details

The name of the person making the request should be signed legibly on the form

6.1.5. Transport Box Decontamination:

Specimen boxes will be decontaminated routinely every month, and whenever necessary by the sample collection staff or Pred lab staff. More frequent decontamination is required should there be obvious blood, body fluids, or evidence of spillage. Cleaning with a detergent wipe followed by thorough drying with paper towel would be acceptable in routine circumstances.

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Disinfection with a 70% hard surface alcohol wipe is advised after the cleaning process should obvious contamination with blood/body fluids be present.

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Order of Draw			
Tube Closure Color	Collection Tube	Mix by Inverting	Min. Clot Time
	Blood Cultures – SPS	8 to 10 times	N/A
	Citrate Tube (Light Blue)	3 to 4 times	N/A
	Serum Separator Tubes (Gold and Tiger)	5 times	30 minutes
	Serum Tube (Red)	5 times (plastic) None (glass)	60 minutes
	Rapid Serum Tube (Orange)	5 to 6 times	5 minutes
	Plasma Separator Tube	8 to 10 times	N/A
	Heparin Tube (Green)	8 to 10 times	N/A
	EDTA Tube (Lavender)	8 to 10 times	N/A
	PPT Separator Tube (Pearl)	8 to 10 times	N/A
	Fluoride Tube (Gray)	8 to 10 times	N/A

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6.1.6 Disposal of Specimens

- Disposal is to be carried out in accordance with bio-medical waste handling rules. Precautions in accordance with the WHO Biomedical waste guidelines by **pred Laboratory**.

6.2 ACTIVITY and RESPONSIBILITY

6.2.1 Sample Collection and Identification Process:

Services	Process
Phlebotomy	<p>OP/ IP samples collection will be done after proper identification of patient with name, request number, age, sex and correct labeling (Patient name, UHI/IP no, ward name and room no.)of the sample container.</p> <p>Before collection brief details of the phlebotomy procedure will be given to the patient.</p> <p>Post procedure care like applying digital pressure on the area of puncture and applying plaster will be done.</p>
Clinical pathology	<p>Sample like stool, urine and semen will be received and tested.</p> <p>Before testing, the labeling details will be cross checked with the requisition.</p> <p>After performing the test, the observations will be recorded.</p>

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Hematology	<p>Sample labeling (Patient name, UMR/ IP no, ward name and room no.) will be cross checked with requisition for correctness.</p> <p>Tests will be conducted either manually or by using automated instruments.</p>
Biochemistry	<p>Sample labeling (Patient name, UMR/ IP no, ward name and room no.) will be cross checked with requisition</p> <p>Samples are analyzed for the by using fully automated machines</p> <p>Abnormal values will be repeated if required</p>
Microbiology	<p>Culture specimen labeling (Patient name, UMR/IP no, ward name and room no.) will be cross checked with requisition details.</p> <p>Specimen will be inoculated to the specific media.</p>

6.2.2 Work flow processes

S.No	Activity	Responsibility
Out Patient Department		
1	Investigations written in doctor's prescription in patient notes	Consultant doctor in OPD
2	Investigation requisition form filled	Junior Resident/ Consultant Doctor
3	Patient takes requisition form to the OPD cashier and makes relevant payment. Patient is then directed to	OPD Cashier

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	the Laboratory sample collection area	
4	Investigation requisition form and payment voucher produced at sample collection. Patient's form taken and patient is requested for waiting	Laboratory Technician
5	Patient name called out. Taken into sample collection area in the Pathology Lab	Laboratory Technician
6	Patient sample taken as per laboratory protocols. Patient informed as to the time the reports can be collected	Laboratory Technician / Front Desk Staff
7	Reports are provided to the stipulated time	Front Desk Staf
S.No	Activity	Responsibility
IN-PATIENT AREAS		
1	Investigations written up in patient case file and investigation requisition forms filled	Consultant Doctor / Junior Resident
2	Samples taken as per phlebotomy protocols for nurses in the ward	Nurse
3	Samples labeled and kept in sample repository area and sent to the laboratory	Nurse / Runner boys
OPERATION THEATRE		
1	Specimens / Samples are collected, Identified & sent to laboratory based on surgeon's instructions	Surgeon & OT nurse
LABORATORY PROCESS		

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1	All OPD and Outside samples are received at laboratory	Laboratory Technician
2	IPD samples received in laboratory	Laboratory Technician
3	Cross checking of patient ID, name, type of sample and test with the requisition form	Laboratory Technician
4	Samples are segregated as per test type in laboratory	Laboratory Technician
5	Lab number given to samples and entry is made in lab register	Laboratory Technician
6	Samples processed as per guidelines in instrument operations manual	Laboratory Consultant / Technician

Document Revision History

DOCUMENT REVISION HISTORY		
Version	Date of issue	Reason for Revision
Original version - 1	10/03/2022	Prepared 5 th edition
Revised version - 2	05/07/2023	Periodic revision and update
Revised version - 3		
Revised version - 4		
Revised version - 5		

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