TEST REQUEST MINIMUM REQUIREMENTS

SAMPLE TYPE	MAJOR REQUIREMENTS			MINOR	*ADDITIONAL PREFERRED INFORMATION*
CLINICAL	NAME IDENTIFIER	UNIQUE IDENTIFIER	SAMPLE SPECIFIC	OTHER REQUIRED INFORMATION	
General Laboratory	Patient's full first and last name (or coded name for confidential / research patients or study name or temporary ID for unknown patients).	At least one (preferably two) of the following assigned identifiers: (in order of priority): 1. ULI (Unique Lifetime Identifier) 2. Personal Health Number# (e.g. PHN) 3. Government Issued Identification Number (e.g. Federal, Military, RCMP, Refugee, Immigration, Passport, Driver's License, etc) 4. Medical Record Number (e.g. Hospital # / Clinic #/ Unit # / Account # / Accession # / Research #/ Subject ID/initials)	- Body site/sample type (if applicable)* - Relevant clinical history (if applicable)* - Reason for request (for qualitative toxicology testing)*	- Date of Birth (DOB) - Gender - **Collection date and time - Patient location(for patients in care facilities) - Patient phone number for non-inpatients only - Test(s) /procedure(s) ordered - Full first and last name of requester - Report location or full address of requester - Full first and last name of recipient, "copy to" recipient(s) and/or program name(s) - Location / full address of recipient, "copy to" recipient(s) and/or program - EI Number (if applicable in outbreak situations)* ♦ Notifiable communicable diseases as per Public Health Act -Infected persons full name, personal health number, date of birth, age, gender, full address and telephone number -The name of the disease of infecting agent -The name of the physician who ordered the laboratory test -The name of the reporting laboratory	- Priority status if other than routine - Collector ID - Phone/ fax number of requester and recipient - Physician identification number (e.g. practitioner ID) - Referral laboratory's accession number (if available) Therapeutic Drug Monitoring (TDM) Samples: - Time of last dose - Time of next dose - Length of time on current dosing regimen
Pathology, Cytology, Microbiology, Genetics			- Exact site (e.g. laterality, lobes, quadrants, etc), organ of origin and procedure type - Relevant clinical history ** Time tissue removed & time tissue in fixative **Collection date and time, if applicable		
Transfusion Medicine			- Transfusion Service Identification Number (TSIN) when testing is for the purpose of transfusing must be recorded on the request or collection information and must correlate with sample TSIN - ♥Collector name, initials or computer identification code must be documented when testing is for the purpose of transfusing the patient - Special requirements and relevant clinical history		Transfusion Medicine - Identifier (witness) ID be documented when testing is for the purposes of transfusing a patient - Required blood component / product and volume/ dosage - Date and time of request - Date and time of intended transfusion

* Refer to www.albertahealthservices.ca/lab and choose **Lab Test Directory** for additional information.
♥Documentation of the identity of the collector on the requisition, collection slip, collection tube or electronically is acceptable.
♦ Refer to the Public Health Act for additional information.
** Must appear on the sample and/or test request/requisition. When information appears on both the information must correlate.
Minor test request discrepancies may be corrected if correct information can be confirmed at the point of service with patient/healthcare card.

TEST REQUEST MINIMUM REQUIREMENTS CONTINUED

SAMPLE TYPE	MAJOR			MINOR	ADDITIONAL PREFERRED INFORMATION
	REQUIREMENTS			OTHER REQUIRED INFORMATION	
CLINICAL	NAME IDENTIFIER	UNIQUE IDENTIFIER	SAMPLE SPECIFIC		
Newborn Metabolic Screening & Biochemical Genetics First Trimester Prenatal Screening	In addition to identifiers above AND Sonographer's full first and last name	In addition to identifiers above, AND Sonographer's operator code (indicating a valid in-date license)			
Newborn Metabolic Screening	Use name identity at time of sample collection	If ULI pending (i.e. adoption, home birth) use date of birth.	- Date and time of birth - Date and time of collection		

(continued on next page)

TEST REQUEST MINIMUM REQUIREMENTS

SAMPLE TYPE	MAJOR REQUIREMENTS			MINOR	ADDITIONAL PREFERRED INFORMATION
NON CLINICAL	NAME IDENTIFIER	UNIQUE IDENTIFIER	SAMPLE SPECIFIC	OTHER REQUIRED INFORMATION	
Foods and animal testing	Foods: Sample Source – e.g. Restaurant name, name of family (if from private family) Animals: Name of animal owner	Type of food (e.g. chicken, pizza) Type of animal Sample source: e.g. feces	Lot number, if applicable Expiry date, if applicable Brand, if applicable	- Collection date and time - Tests /procedure ordered - Full first and last name of requester - Location/full address of requester - Full first and last name of recipient, "copy to" recipient(s) and/or program name(s) - Location / full address of recipient, "copy to" recipient(s) and/or program - *EI Number (if applicable in outbreak situations) - Sample storage details (e.g. refrigerated, frozen)	- Priority status if other than routine - Phone/ fax number of requester and recipient
Infection Control, Pharmaceutical, etc.	Name of submitter (e.g.: name of agency/ business)	Sample source / type (e.g. drug name)	*Relevant history (if applicable)	- Collection date and time - Tests /procedure ordered - Full first and last name of requester - Location/full address of requester - Full first and last name of recipient, "copy to" recipient(s) and/or program name(s) - Location / full address of recipient, "copy to" recipient(s) and/or program - *EI Number (if applicable in outbreak situations)	- Priority status if other than routine - Phone/ fax number of requester and recipient - Physician identification number (e.g. practitioner ID) Referral laboratory's accession number (if available)

* Refer to www.albertahealthservices.ca/lab and choose **Test Directory** for additional information.

TEST REQUEST MINIMUM REQUIREMENTS con't

SAMPLE TYPE	MAJOR		MINOR	ADDITIONAL PREFERRED INFORMATION
	REQUIREMENTS		OTHER REQUIRED INFORMATION	
ENVIRONMENTAL	UNIQUE IDENTIFIER	SAMPLE SPECIFIC		
Water, Ice or Biological Indicator	Identification number for water or ice; Access number for Biological Indicators.	As required based on type of sample submitted; refer to www.albertahealthservices.ca/provlab and choose "Guide to Services".	As required based on type of sample submitted; refer to www.albertahealthservices.ca/provlab and choose "Guide to Services".	

SAMPLE LABELLING MINIMUM REQUIREMENTS

SAMPLE TYPE	MAJOR REQUIREMENTS			
CLINICAL	**NAME IDENTIFIER**	**UNIQUE IDENTIFIER**	**OTHER REQUIRED INFORMATION**	**SAMPLE SPECIFIC**
General Laboratory	Patient's full first and last name (or coded name for confidential / research patients or Study name or temporary ID for unknown patients).	At least one (preferably two) of the following assigned identifiers (in order of priority): 1. ULI (Unique Lifetime Identifier) 2. Personal Health Number # (e.g. PHN) 3. Government Issued Identification Number (e.g. Federal, Military, RCMP, Refugee, Immigration, Passport etc) 4. Medical Record Number (e.g. Hospital # / Clinic #/ Unit # / Account # / Accession # / Research #/ Subject ID/initials)	- **Collection date and time - *EI Number (if applicable in outbreak situations)	- Body Site/Sample Type (If Applicable) * - Collector ID (if Applicable)* -Patient's full first and last name with unique second identifier or two other unique identifiers on peripheral blood smears and parasite smears sent to an alternate site for testing or verification.
Pathology, Cytology, Microbiology, Genetics				-Exact site (e.g. laterality, lobes, quadrants, etc), organ of origin and procedure type indicated for each sample submitted (not abbreviated to just a corresponding number/letter). Note: When multiple samples are received this information must appear on both the test request and sample label and must correlate. -**tissue fixation time
Transfusion Medicine				*Transfusion Service Identification Number (TSIN) when testing is for the purpose of transfusing the patient.
Newborn Metabolic Screening	Use name identity at time of sample collection	If adoptive ULI pending (i.e. adoption, home birth), use date of birth.		
NON-CLINICAL				
Foods and Animal Testing	Foods – sample source Animals – name of owner	Foods – type of food Animals – type of animal		
Infection Control, Pharmaceutical, etc.	Name of submitter (e.g.: name of agency/ business)	Collection date and time		
ENVIRONMENTAL		Identification number for water or ice; Access number for Biological Indicators		
Water, Ice or Biological Indicator				

*Refer to www.albertahealthservices.ca/lab and choose **Test Directory** for additional information.
** Must appear on the sample and/or test request. When information appears on both, information must correlate.

SAMPLE ACCEPTANCE CRITERIA

<table>
<tr><th rowspan="3">SAMPLE TYPE</th><th colspan="2">MAJOR</th></tr>
<tr><th colspan="2">REQUIREMENTS</th></tr>
<tr><th>CRITERIA</th><th>SAMPLE SPECIFIC CRITERIA</th></tr>
<tr><td>General Laboratory</td><td rowspan="7">• Sample accompanied by test request(s) submitted in a format approved for use by Laboratory Services
• Standard Requirements for test request and labelling met
• Test request is legible
• Test Request and sample labelling match
• Sample labeled on the primary collection container
• *Appropriate sample for test requested
• *Adequate sample quantity for test(s) requested
• *Proper collection (timed procedures, hemolysis, contamination, container, tube)
• *Proper fixation or preservation and neutralization
• *Proper, timely transportation (re-sealable plastic bag with external pocket, temperature, storage)
• Does not pose a safety risk to laboratory personnel (e.g. leaking, broken containers, sharps or sample bags not sealed)
• It is strongly recommended that each re-sealable, plastic bag with external pocket contain only one patient's samples.</td><td></td></tr>
<tr><td>Transfusion Medicine</td><td>• Intraosseous blood samples are acceptable for ABO blood grouping only.</td></tr>
<tr><td>Pathology, Cytology, Microbiology</td><td>• Slides must be labeled using lead pencil or insoluble ink</td></tr>
<tr><td>Genetics</td><td>• Completed documentation for samples requiring pre-consultation / pre-counselling</td></tr>
<tr><td>Non-Clinical (Infection Control, Pharmaceutical, Animal, etc)</td><td>• Tissue samples exempt from submission – Refer to the Exempt Tissue List (Operation of Approved Hospitals Regulation AR 247/90 s23).</td></tr>
<tr><td>Environmental (Water, Ice, Biological indicator)</td><td></td></tr>
</table>

* Refer to www.albertahealthservices.ca/lab and choose **Test Directory** for additional information.

MAJOR/MINOR DEFICIENCY DEFINITIONS

NOTE: Discrepancies/deficiencies of any type in standard requirements are not accepted when testing is for the purpose of transfusing a patient

TYPE	NAME IDENTIFIER	UNIQUE IDENTIFIER	OTHER
MAJOR	• Identifier missing (unlabelled) • Incomplete name (e.g. first or last name missing, initials only) • First or last name completely different between sample and test request/requisition • Significant misspelling where more than 2 letters are transposed or missing/added letters that changes the interpretation of the name. i.e. Olliver vs. Over	• Identifier missing • Identifier on test request/requisition and sample do not match • Numbers incorrect or missing from identifier	• "Standard Requirements" defined for test request/requisition and sample labelling and/or acceptance criteria not met • Test request/requisition received without a corresponding sample or sample received and no test request/requisition is available
MINOR	• Use of recognized nicknames, abbreviations, derivative names, middle name • Insignificant spelling where there is a simple transposition of letters, one letter added or missing that does not change the interpretation of the name. i.e. Michael vs. Micheal • Spelling is correct, but order of names is inconsistent • Apostrophe or space discrepancy (Obrien vs. O'Brien or Saddleback vs. Saddle Back) • Maiden vs. married last name as long as names can be reconciled • Temporary baby name changed to permanent name		• "Other Requested Information" defined for test request/requisition not met (e.g. requester location not provided, gender incorrect etc) or discrepant between the test request/requisition and sample or between the test request/requisition and LIS • Time of collection missing on sample and deemed necessary for accurate test reporting

SAMPLE EXCEPTIONS

The following exceptions may be made by laboratory personnel without medical/scientific personnel approval and in accordance with any zone or program procedures:

- Samples from invasive procedures including but not limited to:
  - Sterile body fluids/effusions and washes (amniocentesis, ascites, CSF, pericardial, peritoneal, pleural, synovial, aspirates, effusions and washes)
  - Stem cell harvests
  - Bronchoscopy samples
  - Urine obtained by Cystoscopy or Suprapubic Aspiration
  - Deep wound
  - Chorionic villus sampling (CVS) & amniotic fluid sampling
  - Samples from the Operating Room
  - Bone marrow
  - Samples collected from clinical trials or research patients where recollection may affect enrollment or treatment or may result in a lab protocol deviation
- Non re-collectable samples:
  - Anatomic Pathology samples (surgical, bone marrow, fine needle aspirates, biopsies. NOTE: does not include pap tests)
  - Parasite identification samples, excluding stool samples for microscopic ova and parasite examination
  - Entire toenail or fingernail for fungus
  - Kidney stones / renal calculi
  - Food samples
  - Medical devices for microbiological culture (e.g.: vascular catheter tips, intra-uterine devices)
  - Cases sent by the Medical Office of Health or EI for Outbreak Investigation
  - Life threatening
  - First Trimester Prenatal Screening
  - Timed samples for clinical trials or research patients where lab visits are defined by the protocol (e.g. PK collections
- Transplant donor samples
- Cadaver or autopsy samples

Exceptions Requiring Approval Before Acceptance

The following additional exceptions may be made *in consultation with the Pathologist/Medical Lead and/or Requester*;

- Samples obtained before an intervention that might alter the result such as:
  - Timed collections (e.g. timed urines, 24 hour urines, urea breath test, sequential timed collections- tolerances, therapeutic drug monitoring, 72 hour fecal fats)
  - Blood cultures
  - Drug levels
  - Stimulation tests

- Pre-dialysis samples
- Cord blood samples from stillborns
- Cord blood samples for blood gases
- Neonatal and pediatric samples (excludes testing for the purpose of transfusing a patient)
- Tests where medication levels will be adjusted based on the test results (e.g. PT)
- Tests where the time of collection can be critical to patient care or patient management (e.g. fasting patients, fasting tests)
- Sexual assault samples collected for clinical purposes

- Samples where recollection would cause the patient undue hardship or affect continuity of care such as:
  - Samples from critically ill patients
  - Exceptional home care patient samples
  - Neonatal or pediatric samples
  - Patients with physical or mental disabilities or impairments that would make a return to the laboratory difficult
  - Recovery room, trauma, and Code Blue patients
  - Extremely difficult collections

DEFINITIONS

Access Number means a unique identifier assigned by the Environmental Laboratory linked to a particular sampling location or supply (water or ice) or a sterilizing device.

Blinded sample sometimes called a coded sample**,** is a sample submitted to the laboratory from clinical trials, research or clinical areas where patient confidentiality is considered very sensitive (e.g. sexual health). These samples have unique identifiers such as an alphanumeric code assigned known only to the submitters and will have no individually identifiable information. The identifying information on the test request submitted with the samples must match the sample labelling.

Clinical sample means a patient or client sample submitted to the laboratory for analysis or examination where a patient result report is generated and the result report is used for the purposes of diagnosis, treatment or monitoring.

Coded name see Blinded Sample above.

DOB means Date of Birth

Environmental sample means water, ice or biological indicator

Exposure Investigation (EI) Number means a number assigned by the Provincial Laboratory for Public Health for the purpose of tracking laboratory specimens associated to a specific event (e.g. a potential outbreak) at a specific location and time.

Hazardous sample means a sample that poses a safety risk to laboratory personnel such as:
- broken or leaking containers or contaminated by breakage or leakage of other samples
- samples received in inappropriate containers (e.g. fluids in bags)
- samples in syringes with needle attached

LIS means Laboratory Information System

Non-clinical sample means a sample derived from sources other than human beings such as animal or pharmaceutical, exclusive of environmental samples

Preferred Information means information that is beneficial but is not required for sample or test request/requisition acceptance.

Primary Collection Container means the body of the innermost container received by the laboratory that actually holds the sample.

Recipient means the physician/ health care provider and/or program or individual authorized to receive results.

Requester for clinical and non-clinical samples means the individuals authorized by CPSA to request laboratory testing; for environmental samples means the authorized submitting individual / agency utilizing environmental laboratory services.

Requirement means information that must be provided and criteria that must be met before the Laboratory will accept, collect or test a sample.

Research sample means a sample obtained for the purpose of investigation or experimentation aimed at the discovery of new information, the advancement of scientific theories and development of practical applications. A patient result report is not generated and included in the patient's medical record.

Test Request means a request for testing of a laboratory sample made in either electronic (e.g. order/entry) or paper format (e.g. Laboratory requisition, physician office requisition) that is legible with clear orders (no undefined mnemonics or phone orders).

Transfusion Service Identification Number (TSIN) –an assigned number used for identification of patient and blood component as this number is utilized throughout the transfusion process, from collection to transfusion. It is displayed on the patient armband, requisition, collected samples and blood components to be transfused. This number is referred to differently dependent upon the blood services provider, e.g. RTSIS (Regional Transfusion Service Identification System), BBIN (Blood Bank Identification Number), TMID (Transfusion Medicine Identification).