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Phlebotomy Specimen Collection and Handling

Purpose: The purpose of this section is to establish guidelines for specimen collection and labeling being referred to as the **Standard of Procedures for Phlebotomy**.

Scope: This applies to all personnel collecting blood for testing for Lenco Diagnostic Laboratory Inc. (Lenco)

Safety: Follow Standard Precaution procedures when collecting specimens to minimize risk to lab staff and yourself.

Identification of Patient

It is the policy of Lenco that proper documentation of all specimens be maintained from collection through the reporting of results. The patient should be identified by having the patient or parent verify their name and date of birth.

Venipuncture Procedure

When drawing blood samples, the trained phlebotomist must be able to perform the venipuncture procedure with skill. This section is intended to be a guide. By following the **Standard of Practice for Phlebotomy**, you should obtain adequate sample to yield valid results.

1. Prepare the requisition or review the physician orders.
2. Always wash your hands before and after each patient.
3. Identify the patient by means of two patient identifiers.
4. Is the patient fasting?
5. Assemble necessary supplies and gloves.
6. Reassure the patient. Be calm and confident.
7. Position the patient in a chair.
8. Verify paperwork and select the tubes.
9. Ensure the patient's hand is closed.
10. Select a vein site. Choose appropriate equipment.
11. Cleanse the venipuncture site with alcohol in a circular motion. Allow to dry.
12. Apply the tourniquet for no longer than one minute.
13. Inspect the needle. Use safety equipment.
14. Perform venipuncture using the correct order of the draw.
(Refer to Proper Tube Order When Collecting Blood Chart.)
15. Rotate tubes gently to mix.
16. Ensure patient's hand is open.
17. Release and remove the tourniquet.
18. Place the gauze pad over the puncture site.
19. Remove the needle. Never recap needle.

20. Apply pressure to venipuncture site until bleeding has stopped
21. Bandage the patient's arm.
22. Dispose of the needle unit in a puncture resistant sharps container.
23. Label the tubes and record the date and time of collection; collector's initials, first and last name of patient; medical record number or SSN.
24. Special handling of tubes (chilling or warm) should be done now.
25. Clean up all supplies and waste to discard in appropriate containers.
26. Leave patient courteously.
27. Send properly labeled blood collection tubes to the laboratory.

SPECIMEN HANDLING

After collection, the specimen must be processed in a timely manner to ensure accurate results. If necessary, specimen should be centrifuged as called for in the Lenco reference manual. After labeling, seal the specimen in the zipper pocket of a specimen transport bag. Place the test requisition form and any other associated paperwork in the outer pocket.

COMMON SPECIMEN COLLECTION / HANDLING ERRORS

An error in collection can compromise the integrity of the specimen, which in turn can result in inaccurate test results. Errors that affect any type of specimen are:

- Improper labeling. Unlabeled or mislabeled specimens will not be tested.
- Incomplete or missing requisition form.
- Failure to provide sufficient quantity of specimen for testing (QNS).
- Using the wrong container or tube type.
- Collecting the specimen at the wrong time (e.g. peak drug level collected just prior to dosing).
- Failure to adequately tighten specimen container lids, resulting in leakage and/or specimen contamination. IV fluid contamination due to collection of blood from above an IV sites.
- Hemolysis, caused by:
 - using needles smaller than 20- or 21-gauge
 - leaving wet alcohol on the skin during venipuncture
 - removing the needle from the vein prior to complete filling of the tube, resulting in cell damage due to a rush of air into the tube
 - filling the tube too slowly, often due to improper (too shallow) entry into the vein
- Clotting of anticoagulant tubes caused by improper/inadequate mixing.
- Failure to store samples properly for delivery to laboratory.

Blood Specimen Rejection Policy

The following will be rejected for testing and the patient will need to be re-stuck.

- Clotted or QNS (minimum 1cc or top the bottom of label) whole blood specimens for CBC.
- Clotted or quantity is not sufficient for coagulation testing (PT, APTT, fibrinogen) in blue top tubes (adequate draw to top of label)
- Specimens that are mislabeled.
- Specimens which should have been specially handled and were not (e.g. ammonia should be on ice and was not.)
- Hemolysis causes results to be affected and should be rejected and recollected.

I have read and understand the above. I understand that failure to adhere to the procedures outlined above can cause harm to the patient, and can result in disciplinary action, up to and including termination.

Printed Name

Signature

Date