Communicable Disease Specimen Submission Policy
Oregon State Public Health Laboratory

I. PURPOSE:

It is the purpose of this policy to clarify the specimen submission requirements for communicable disease specimens referred to the Oregon State Public Health Laboratory (OSPHL) for testing. This policy will also detail general specimen rejection criteria and the disposition of specimens rejected for testing.

This document is available on the OSPHL website at: http://bit.ly/SpecimenCriteria.

II. DEFINITIONS:

Test Order: Information used to provide the OSPHL with a written request from an approved provider to perform specified testing and includes required patient identification and insurance information. A Test Order may be provided using the paper Test Request Form, electronically transmitted if a facility has an interface established with the OSPHL, or remotely entered into the OSPHL database if the facility is enrolled to do so.

III. POLICY:

A. Standard OSPHL Specimen Submission Requirements:

1. Complete a Test Order that is appropriate for the test you are ordering. Please refer to the OSPHL test menu for instructions to order, store, package, and transport specimens that are specific for the test you intend to order.

   OSPHL Test Menu: www.healthoregon.org/labtests

   Be advised, we cannot test your specimen without a completed Test Order from your location. To order paper test request forms, please follow the instructions located on the OSPHL website.

   OSPHL Forms and Collection Kits: www.bitly.com/phl-forms

2. Be sure to provide all of the information required on the OSPHL Test Request Form (indicated on the paper test request form by an asterisk - *).

3. Failure on the part of the submitting facility to provide required information may lead to delays in testing. In the event that required information is missing:
   a. The OSPHL will attempt to contact submitting facility to collect missing and required information prior to specimens being tested.
   b. If the OSPHL does not receive the missing information, the specimen will be reported as “Test Not Performed.”

c. If the OSPHL is unable to determine the identity of the submitting facility, no follow up attempts can be made and the specimen will not be tested.

4. The person collecting the specimen from the patient must identify the patient before collecting the specimen by confirming at least two patient identifiers with the patient.
   a. Patient identity should be verified by asking patients to verify their own information, when practical to do so. Patients may speak, write, use physical identification, use a translator, or use other means as applicable for their personal circumstances and relationship with the health care provider.
   b. Verification of identify is not intended to delay specimen collection.
   c. Examples of acceptable unique identifiers include:
      i. In the outpatient setting:
         1. The patient's full name.
         2. The date of birth.
      ii. In the inpatient setting:
         1. The patient's name.
         2. The date of birth
         3. The patient's unique hospital number on ID bracelet.

5. Each specimen container must be labeled:
   a. In the presence of the patient, and
   b. With at least <u>two patient specific identifiers that match the patient identification information provided on the Test Order</u>. Do not include aliases or other names in parenthesis. Examples of acceptable unique identifiers are listed in the requirement above. A medical record number is also acceptable.

6. If the identity of the patient is not called into question but the patient's name is truncated due to data system character limits or the first and last names are flipped, specimens may be accepted for testing at the discretion of OSPHL.

7. Specimen labels with incorrect, incomplete, or inaccurate patient identifiers will not be corrected by the OSPHL and the specimen will be reported as "Unsatisfactory." It is the responsibility of the submitting facility or laboratory to ensure that this information is correct *prior* to submitting the specimen for testing.

8. Specimen labels that call into the question the identity of the patient will be "Unsatisfactory". For example, specimens with identifiers for more than one patient will be "Unsatisfactory" for testing.

9. Specimens may also be “Unsatisfactory” for testing if they are too old, have an inadequate volume, or are the incorrect specimen type / collection device for the test ordered.

10. Be sure to follow current approved packaging and shipping instructions located on the OSPHL Test Menu for diagnostic specimens or infectious substances.
    a. Appropriate temperatures for the specimen type must be maintained during transportation.
    b. Leaking, damaged, contaminated or otherwise deteriorated specimens may not be accepted for testing.

    OSPHL Test Menu: www.healthoregon.org/labtests

11. Send a manifest with the specimen shipment so OSPHL staff can verify that the specimens sent to the OSPHL are received.

B. Additional Specimen Submission Requirements May Apply.

1. Specimens submitted for testing that do not meet the criteria established for public health purposes may be cancelled at the discretion of the Oregon Health Authority to protect the appropriate use of state resources.

2. Additional acceptance criteria for testing at the OSPHL is available on the OSPHL Test Menu.

C. Incorrect Submissions and Misrouted Specimens

1. Specimens received by OSPHL with a Test Order published by another laboratory will not be accepted for testing by the OSPHL.
2. If the requested test can be performed by the OSPHL, OSPHL staff will contact the submitting facility to clarify their intentions for the testing of the specimen.
    a. If the submitting facility intended for the OSPHL to perform the requested test, a completed OSPHL Test Order will need to be faxed to the OSPHL in accordance with the Standard OSPHL Submission Requirements (above).
    b. If the submitting facility did not intend for the specimen to be sent to the OSPHL, the specimen will be logged as “misrouted” and forwarded to the intended laboratory or returned to the submitting facility at their charge, if requested.
3. If the requested test cannot be performed by the OSPHL, the specimen will be reported as “Incorrect Submission”.

4. If the submitting facility cannot be reached or does not request that the

specimen be returned, the specimen will be retained for 1 week and then destroyed.

D. Submitting Specimens for Testing by the Centers for Disease Control (CDC):

1. The CDC discourages the submission of specimens directly from clinical laboratories and prefers that submitting laboratories coordinate with their public health partners.
2. Prior approval from the Oregon State Acute and Communicable Disease Prevention (ACDP) Section and/or your Local Public Health Authority may be required.
3. Follow the instructions provided by the OSPHL and/or the CDC for specimen collection, storage, handling, and transport appropriate for the test being ordered.
4. Complete the CDC Specimen Submission Form 50.34 **and** the appropriate OSPHL Test Order.

   CDC Specimen Submission Form 50.34: http://bit.ly/OR-CDC-Testing
5. In addition, the Standard OSPHL Specimen Submission Requirements (above) must be followed.

E. Disposition of Unsatisfactory Specimens:

1. Specimens that are not acceptable for testing will be retained by the OSPHL for the established retention time for that specimen type and/or the test(s) requested.
2. After the specimen retention time has been met, the specimen will be destroyed following OSPHL procedures.

F. Specimen Collection Monitoring and Feedback

1. Result reports for unsatisfactory specimens will include the reason the specimen was not acceptable for testing.
2. Each OSPHL testing section will track unsatisfactory specimens and report trends to the Quality Management Team or the Client Services Coordinator.
3. If recurrent specimen submission issues are noted with a specific submitting facility, the Client Services Coordinator will contact the facility to offer support to reduce the number of submission errors.
4. For more information, please refer to the OSPHL Test Menu for instructions that are specific for the test you want to order or contact the OSPHL at 503-693-4100.

OSPHL Test Menu: www.healthoregon.org/labtests

G. Requests to Change Patient Information on the Test Order

1. Requests from submitters to modify patient identification information ***when a specimen is available for review*** will be honored when:
   a. The requested change matches the identification information received on the specimen and an updated Test Order that matches the specimen is received by the OSPHL, **or**
   b. There are two unique patient identifiers that match the OSPHL Test Order to the specimen, and the requested change does not alter these identifiers.
2. Requests from submitters to modify patient identification information ***when a specimen is no longer available*** will be honored only when:
   a. The requested change can be attributed to misreading patient information on the submission form due to unclear handwriting, **or**
   b. The requested change is 2 characters or less for changes to first or last name, **or**
   c. The requested change is the result of a demographic entry error made by the OSPHL.
3. Requests for changes to patient demographic information that call into question the identity of the patient whose specimen was submitted to the OSPHL for testing will not be made and the specimen will be considered "unsatisfactory" for testing. In addition, any results reported from that specimen will be considered "unsatisfactory" and a revised report will be generated.

IV. REFERENCES:

CAP General Checklist GEN.40125 "Referral Laboratory Specimen Handling"
CAP General Checklist GEN.40490 "Patient Identification"
CAP General Checklist GEN.40491 "Primary Specimen Container Labeling"
CAP General Checklist GEN.40492 "Specimen Label Correction"
CAP General Checklist GEN.40499 "Specimen Collection Feedback"