

Pathology Specimen Acceptance Criteria

Specimen	Essential Information	Desirable Information	
	Patient's full name Date of Birth and/or Medical Record Number <i>(Both essential for Blood Transfusion and Histology/Cytology only)</i>		
	Date and time of specimen collection <i>(Essential for Blood Transfusion only)</i>	Date and time of specimen collection	
	Signature of person taking the specimen <i>(Essential for Blood Transfusion only. Staff ID No. acceptable if using BloodTrack PDA)</i>	Signature of person taking the specimen	
	Exact nature and site of specimen <i>(Essential for Histology/Cytology only)</i>		
Request Form			
<i>Request Forms (or GP letters) containing legible essential information are accepted from GP's and other external centres.</i> <i>MMUH Request Forms accepted for Blood Group and Crossmatch Requests, NVRL and Occupational Health requests. All other inpatient requests must be made electronically.</i>	Patient's full name		
	Address <i>(except from SMPP and St. Bricin's)</i>		
	Date of birth		
	Medical Record Number <i>(Essential for Blood Transfusion Request Forms)</i>		
	Gender <i>(Essential for Blood Transfusion only)</i>	Gender <i>(Gender will not be assumed. No gender specific reference ranges reported if gender not provided)</i>	
	Name of requesting practitioner		
	Destination for report		
	Test Request <i>(Not applicable for Histology/Cytology)</i>		
	Type of sample <i>(Essential for Histology/Cytology and Microbiology only)</i>	Type of sample	
	Date and time of specimen collection <i>(Essential for Blood Transfusion only)</i>	Date and time of specimen collection	
Signature of person taking the specimen <i>(Essential for Blood Transfusion only. Staff ID No. acceptable if using BloodTrack PDA)</i>			
Exact nature and site of specimen <i>(Essential for Histology/Cytology only)</i>			
		Clinical details	
		Contact number	
OCM Bar Coded Specimen			
<i>Not accepted for Blood Group and Crossmatch requests. Accepted for DCT requests.</i> <i>OCM work-list to accompany Histology/Cytology specimens.</i>	Patient's full name		
	Date of birth		
	Medical Record Number		
	Gender		
	Destination for report		
	Episode Number		
	Test Request		
	Exact Nature and site of specimen <i>(Essential for Histology/Cytology only)</i>		
			Relevant information e.g. hours fasting
			Date and time of specimen collection
		Identification of person taking specimen	

*Additional information for Blood Transfusion Request Forms outlined in SOPs CP-HV-001 & CP-HV-002 available on MaterNet
Activation of the Major Incident Plan may supersede these requirements.*

Specimen acceptance criteria for unidentified or unconscious patients are defined in Pathology procedures.