

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> 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>	Date and time of specimen collection Signature of person taking the specimen
Request Form		
<p><i>Request Forms (or GP letters) containing legible essential information are accepted from GP's and other external centres.</i></p> <p><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></p>	Patient's full name Address <i>(Essential for GP and external requests only)</i> Date of birth Medical Record Number <i>(Essential for Blood Transfusion Request Forms)</i> Gender <i>(Essential for Blood Transfusion only)</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> Date and time of specimen collection <i>(Essential for Blood Transfusion only)</i> 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>	Gender <i>(Gender will not be assumed. No gender specific reference ranges reported if gender not provided)</i> Type of sample Date and time of specimen collection
		Clinical details Contact number
		Relevant information e.g. hours fasting Date and time of specimen collection Identification of person taking specimen
OCM Bar Coded Specimen		
<p><i>Not accepted for Blood Group and Crossmatch requests. Accepted for DCT requests.</i></p> <p><i>OCM work-list to accompany Histology/Cytology specimens.</i></p>	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.