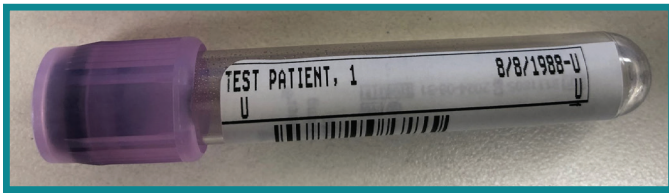


All specimens submitted to ACL for testing **must** be appropriately labeled. This requirement assures positive identification and optimum integrity of patient specimens from time of collection until testing is completed and results are reported. Clients will be notified of inappropriately labeled specimens. Unlabeled or incompletely labeled specimens will **not** be tested (see Specimen Rejection Criteria below).

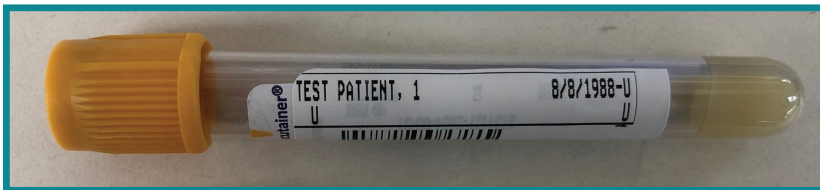
Specimen Labels

Proper positioning of the patient label is important for automated analyzers. If not positioned properly, results could be delayed.

- Patient labels need to be positioned directly below the tube cap.
- For 13 x 75 tubes:
 - Hold tube horizontally with the cap facing left. Align the patient label as close to the top of the cap as possible.
 - If your patient label is >2 inches long, you will need to trim the label to fit properly on the 13x75 tube. **DO NOT wrap label to bottom of the tube.**



- For 13 x 100 tubes: Hold the tube horizontally with the cap facing left. Align the patient label with the top of the manufacturer's label on the tube. (no higher)



The College of American Pathologists (CAP) requires that primary specimen containers are labeled by at least **2 identifiers** (CAP GEN.40491).

1. The patient's name (full last name, then full first name) is **always** required.
2. The second patient identifier may be one of the following:
 - Date of birth (month/date/year)
 - Other unique patient identifier that is also on the test requisition, e.g., hospital or patient ID code or file number
 - ACL requisition number or specimen barcode label
 - Other barcode labels can be used if barcode matches the unique identifiers on the printed requisition (the barcode does not need to be human readable)

Each specimen must have a securely affixed label with the following information:

- The patient’s full name written exactly as it appears on the test requisition (e.g., Doe, Jane)
- A second patient identifier as noted above
- Date and time of collection

If the label is hand-written, use a ballpoint pen—do **not** use a felt tip pen. If glass slides are submitted, use a pencil for labeling the frosted end—two identifiers are preferred although patient’s name alone is acceptable.

When using an electronically generated ACL Laboratories test requisition, place the label lengthwise on the tube.

Transfer tubes: When submitting a specimen in a container other than the tube used to draw the sample (e.g., transfer vials), also indicate specimen type on the label (e.g., serum, plasma, urine, etc.).

Cultures: When submitting specimens for microbiological testing (e.g., cultures, bacterial antigen, microscopic examination), for non-blood specimens, the anatomic source of the sample and the specific organism(s) to be detected, if any, should be specified.

Surgical Specimens: Include patient name, date of birth, age, sex, physician name and location, specimen type or source. All required information **must** be on specimen container itself, **NOT** the lid.

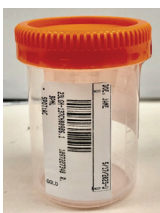
Cytology Specimens: Include patient name and second identifier (i.e., DOB) on the specimen container. Source **must** be identified on the requisition along with the patient name, date of birth, sex, physician name and location. Including the last menstrual period is strongly recommended.

Specimen Rejection Criteria

Unlabeled or incompletely labeled specimens will **not** be tested. If the sample type is considered irretrievable, an Irretrievable Form will be sent to the provider to complete in order for the specimen to be processed. When ACL Laboratories receives a properly completed Irretrievable Form, the specimen will be processed. Completed forms that have not been returned within 48 hours will have specimens rejected and sent back for correction.

Specimens will be rejected and the tests and charges canceled under the following conditions:

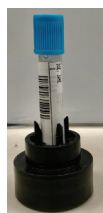
- Unlabeled or incompletely labeled specimens (see sample photos below)
- Name on specimen does not match name on requisition or electronic order
- Leaking specimen
- Broken container
- Incorrect specimen submitted for test requested
- Insufficient volume (QNS)
- Improper specimen transport temperature
- Age of the specimen (test dependent)
- Hemolysis (test dependent)
- Specimens received with no written or electronic order



Acceptable



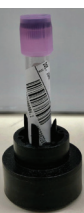
Not Acceptable



Acceptable



Not Acceptable



Acceptable



Not Acceptable



Acceptable



Not Acceptable

Requisitions for ThinPrep® Pap Test specimens must include:

- Complete patient demographic information (sex of patient, first and last name, DOB, and a third identifier, such as MRN, address or last four numbers of SSN)
- Date of Collection and Physician/Licensed caretaker name, address, phone and client #
- Testing requested (Pap with HPV, Pap only, Pap with TVLP, CGLP, HPV GT reflex, etc.)
- Source of specimen (cervix, vagina, endocervix)
- Last Menstrual Period information is highly recommended
- Pertinent clinical history (post-partum, post-hysterectomy etc.) is highly recommended

