

## Pathology Specimen Acceptance Criteria

Specimen	Essential Information	Desirable Information	
	<b>Patient's full name</b> <b>Date of Birth and/or Medical Record Number</b> <i>(Both essential for Blood Transfusion and Histology/Cytology only)</i>		
	<b>Date and time of specimen collection</b> <i>(Essential for Blood Transfusion only)</i>	<b>Date and time of specimen collection</b>	
	<b>Signature of person taking the specimen</b> <i>(Essential for Blood Transfusion only. Staff ID No. acceptable if using BloodTrack PDA)</i>	<b>Signature of person taking the specimen</b>	
	<b>Exact nature and site of specimen</b> <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>	<b>Patient's full name</b>		
	<b>Address</b> <i>(except from SMPP and St. Bricin's)</i>		
	<b>Date of birth</b>		
	<b>Medical Record Number</b> <i>(Essential for Blood Transfusion Request Forms)</i>		
	<b>Gender</b> <i>(Essential for Blood Transfusion only)</i>	<b>Gender</b> <i>(Gender will not be assumed. No gender specific reference ranges reported if gender not provided)</i>	
	<b>Name of requesting practitioner</b>		
	<b>Destination for report</b>		
	<b>Test Request</b> <i>(Not applicable for Histology/Cytology)</i>		
	<b>Type of sample</b> <i>(Essential for Histology/Cytology and Microbiology only)</i>	<b>Type of sample</b>	
	<b>Date and time of specimen collection</b> <i>(Essential for Blood Transfusion only)</i>	<b>Date and time of specimen collection</b>	
<b>Signature of person taking the specimen</b> <i>(Essential for Blood Transfusion only. Staff ID No. acceptable if using BloodTrack PDA)</i>			
<b>Exact nature and site of specimen</b> <i>(Essential for Histology/Cytology only)</i>			
		<b>Clinical details</b>	
		<b>Contact number</b>	
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>	<b>Patient's full name</b>		
	<b>Date of birth</b>		
	<b>Medical Record Number</b>		
	<b>Gender</b>		
	<b>Destination for report</b>		
	<b>Episode Number</b>		
	<b>Test Request</b>		
	<b>Exact Nature and site of specimen</b> <i>(Essential for Histology/Cytology only)</i>		
			<b>Relevant information e.g. hours fasting</b>
			<b>Date and time of specimen collection</b>
		<b>Identification of person taking specimen</b>	

*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.*