



INSTITUTE OF
BIOMEDICAL
SCIENCE

IBMS Professional Guidance: Patient Sample and Request Form Identification Criteria

Introduction

The IBMS has produced this professional guidance document to help biomedical scientists maintain high standards of practice and patient safety by ensuring that stringent minimum criteria are in place for the receipt and identification of samples. The guidelines in this document are intended to ensure that the right investigation is performed on the right sample. They should be read and followed in conjunction with local practice and operating procedures.

It should also be noted that blood transfusion requests and samples must follow independent national guidelines and procedure as outlined in Guidelines for the Blood Transfusion Services in the UK, which is supported by the Institute.

Responsibility for requesting laboratory services

The responsibility for requesting a laboratory service or test lies with an authorised and trained practitioner (normally a clinician). It is the responsibility of the requester to ensure that samples are correctly labelled and request forms are completed to agreed standards.

There must be up to date information for users in order to facilitate proper use of services. The information should include instructions for specimen handling and completion of the request form. User information should be underpinned by laboratory standard operating procedures and standards.

Medical, nursing and other healthcare professionals must be familiar with and understand the rationale of laboratory procedures and standards. There should be clear written guidelines for phlebotomists/venesectors, nursing and midwifery staff who obtain samples from a patient on behalf of the requesting practitioner.

Before accepting a clinical specimen laboratory staff must ensure that certain minimum criteria for sample identification are met.

Reception of specimens

Sample and request form information, which can be in paper or electronic format, must be compatible. The table below indicates the essential data required on samples and request forms. The table also outlines further desirable information which should also be included.

The detail recorded on different types of specimen may be restricted by the nature of the container and its label. The defined criteria should be realistic enough to deal with these constraints and those of less easily labelled specimens, such as glass slides with smears.

Barcodes on the sample do not replace full sample labelling but if used must be identical to barcodes on the request form. As information systems become more sophisticated and paper requests are replaced by electronic requesting, barcoding will be integrated at the site of sampling.

Action regarding samples received with insufficient or incompatible minimum patient identification acceptance criteria

Samples or request forms received without the minimum essential identification criteria may be rejected without analysis or referred back to the requesting practitioner. The SOP MUST instruct laboratory staff NOT to amend details on the sample.

In cases where an inadequately labelled request form is received with a sample from a patient who is not easily accessible for a repeat then the sample may be processed at the discretion of senior biomedical scientist. The report should show a clear disclaimer detailing the shortcomings of the sample and/or request and alerting the requesting practitioner to take responsibility for the results, and for any action taken as a result of the report.

	Essential	Desirable
Sample	<ol style="list-style-type: none">1. NHS or CHI number*2. Patients full name or unique coded identifier3. Date of birth and/or hospital number ONLY if patients name given	<ol style="list-style-type: none">4. Date and time5. Nature of sample, including qualifying details, eg left, distal etc especially if more than one sample per request is submitted
Request Form	<ol style="list-style-type: none">1. NHS or CHI number2. Patient's full name or unique coded identifier3. Date of birth and/or hospital number ONLY if patients name given4. Gender5. Patient's location and destination for report6. Patient's consultant, GP or name of requesting practitioner7. Investigation(s) required	<ol style="list-style-type: none">8. Clinical information including relevant medication (which is sometimes essential)9. Date and time sample collected (which is sometimes essential)10. Patient's address including postcode11. Practitioner's contact number (bleep or extension)

*Use of the NHS or CHI Number on paper and electronic patient records is now a mandatory requirement included within the NHS Operating Framework 2008/9. Patient data should be

used to identify the sample up to the point where a NHS or CHI Number is allocated whereupon this becomes the primary identifier.

Note: Date and time collected is usually essential for biochemistry samples

Microscope slides (eg FNAS) must have the patient's forename, surname and date of birth written in pencil.

Major Incidents – In the event of a major incident the 10 digit Majax number MUST be used in place of an NHS or Hospital number.

Inconsistencies detected at validation and authorisation of results

Biomedical scientists must be aware of the importance of relevant clinical information when validating and authorising results, especially when cumulative records are available. An unexpected test result can highlight the possibility of an incorrectly labelled sample or request form and should be investigated immediately.

The SOP for sample acceptance by the laboratory must define locally agreed and minimum acceptable identification criteria and the course of action to be followed when these criteria are not satisfied.

The SOP must be in accordance with national guidance and information given by other sources such as the Health Professions Council, Clinical Pathology Accreditation (UK) Ltd standards and Royal College of Pathologists.

In the case of cervical cytology requests Standard Request Forms HMR 101/5 are used. In Scotland the request is electronic through Scottish Cervical Call - Recall System. These include patient's address as an essential requirement.

Further information

United Kingdom Blood Transfusion Services

Guidelines for the Blood Transfusion Services in the UK

www.transfusionguidelines.org.uk

NHS Operating Framework 2008-09

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

NHS Number Programme

www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber

Health Professions Council

www.hpc-uk.org

Clinical Pathology Accreditation (UK) Ltd

<http://www.cpa-uk.co.uk>

Royal College of Pathologists

www.rcpath.org

Standards Request Forms HMR 101/5

www.cancerscreening.nhs.uk/cervical/hmr101.html

BCSH guidelines

Guidelines for the administration of blood and blood components and the management of transfused patients. *Transfusion Medicine* 1999; 9(3): 227-39

About this version

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Notes:	This document was also put out to consultation in the members section on the IBMS's website from 14 March to 9 May 2009. Responses were received and contributed to the development of the final version approved by IBMS Council in July 2008.
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Contact:	If you have any queries or comments about this guidance please contact the Professional Examinations and Awards Committee on qualifications@ibms.org .

About the Institute of Biomedical Science

IBMS vision

The Institute of Biomedical Science (IBMS) is the professional body for biomedical scientists in the United Kingdom. It aims to promote and develop the role of biomedical science within healthcare to deliver the best possible service for patient care and safety. It does this by supporting biomedical scientists in their education and training, improving standards of practice, representing the profession and working with organisations to improve laboratory service.

The Institute was founded in 1912 and represents over 19,000 members employed mainly in National Health Service and private laboratories, university and veterinary laboratories, the National Blood Service, Health Protection Agency, Medical Research Council and Department for Environment, Food and Rural Affairs. Other members also work in related commercial fields and in teaching. Most members live and work in the United Kingdom and Ireland but many others are employed overseas.

IBMS roles

- To aid and support the development of biomedical sciences, both nationally and internationally.
- Set professional standards of practice to protect patients.
- Assess competence to practise as HPC registered biomedical scientists.
- Represent the interests of biomedical science, provide advice and work with government, media, universities, industry and commercial sector, professional organisations and all other partners
- Ensure that the education and training of biomedical scientists provide practitioners fit to practice in healthcare.
- Develop qualifications and diplomas to demonstrate expertise and provide a career pathway
- To enable biomedical scientists to achieve their potential through career options and ongoing learning.
- Promote public awareness of biomedical science.
- Update and inform biomedical scientists through media, scientific meetings and professional events.
- Organise a continuing professional development scheme.
- Produce scientific and professional publications for members.
- Award the designation of Chartered Scientist to qualifying IBMS members.
- Provide general, legal and technical support for members.
- Fund research into biomedical science.
- Maintain a historical archive of the profession.

Why join the IBMS?

The Institute offers a package of membership benefits to help biomedical scientists develop their careers and scientific knowledge, and to provide personal and professional support.

Further information on the IBMS, its work and its benefits of membership can be found at www.ibms.org.

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