

June 24, 2010

LABELING REQUIREMENTS FOR SUBMISSION OF SPECIMENS TO LAKELAND LABORATORY

Effective July 1 specimens must be labeled with the following information. For our patient's safety, improperly or incompletely labeled containers may be cause for specimen rejection or result in a delay in testing.

Routine Specimens:

1. Patient's last name, legal first name, and middle initial if available.
2. Patient's date of birth.
3. Date and time the specimen was collected.
4. Identification of the person obtaining the specimen. (Usually printed initials or Lakeland tech code if assigned.)
5. Specific specimen source MUST be indicated for non-blood speicmens (example: abscess, left leg).

Name →	Doe, Jane, Q.
Date of birth →	6/9/1952
Collector's initials →	BCS
Date & time of collection →	12/10/08 - 0750

NOTE: Computer generated labels, such as those printed from electronic medical records, are acceptable provided they contain the previously mentioned identifying information.

Surgical/Tissue specimens:

Label should be placed on specimen container itself, NOT on lid.

The following information is required on the label:

1. Patient's last name, legal first name, and middle initial if available.
2. Patient's date of birth.
3. Surgeon/physician.
4. Specimen source and number of pieces (right breast biopsy x 3; gall bladder).

If multiple parts, add sequential numbers to match list of specimens on requisition.

Cytology specimens:

Label should be placed on specimen container itself, NOT on lid.

The following information is required on the label:

1. Patient's last name, legal first name, and middle initial if available.
2. Patient's date of birth.

Please contact Lakeland Laboratory, Client Services with any questions @ 269.983.8311 or 800.513.9193.