St. Bernards REFERENCE LAB
The Heart of Great Medicine

SPECIMEN COLLECTION GUIDE

URINE COLLECTION – 24 HOUR

24 hour urines are collected into a special amber-colored jug (supplied by SBMC Reference Lab). Properly label with the patient name and collection date.

INSTRUCTIONS FOR COLLECTION

1. Alcoholic beverages and vitamins should be avoided for at least 24 hours before starting the 24 hour urine collection. *Do not stop medication unless instructed to do so by your physician. Inform lab which medications you are taking.*

2. Do not increase your normal intake of liquid or change your diet *unless your physician gives you instructions to do otherwise.*

3. On the day of collection, discard the first morning urine and then begin the 24 hour collection.

4. Collect all urine voided during the next 24 hours into the jug provided. Keep the jug on ice or refrigerated until delivered to the laboratory. Do not contaminate with fecal material.

5. The last urine voided at the end of 24 hours should be added to the collection jug.

URINE COLLECTION MIDSTREAM

MALES: Instruct the patient to withdraw foreskin, if uncircumcised. The patient should void the first part of the stream into the toilet and collect the mid-portion of the urine into the proper collection container.

Label the container with patient name and collection date/time.

FEMALES: Instruct the patient to separate the skin folds around the urethra. The patient should void the first part of the stream into the toilet and collect the mid-portion of the urine into the proper collection container. Label container with patient name and collection date/time.

URINE COLLECTION CLEAN CATCH

MALES: Give same instructions as with mid-stream collection. Have the patient cleanse the glans, beginning at the urethra and working away from it with soapy cotton balls (or antiseptic towelette). The sterility of the inside of the cup must be maintained.

FEMALES: Give same instructions as with midstream collection. Have the patient cleanse the urethra and surrounding area with soapy cotton balls (or antiseptic towelette). The area should be rinsed with two successive water soaked cotton balls from front to back. The sterility of the inside of the cup must be maintained.

Culture collection and handling

Routine aerobic cultures:

- Throat
- Nasopharyngeal
- Eye or Ear
- Lesions
- Superficial wounds
- Genital cultures ,cervical, vaginal, urethral
- Urine, cath or voided
- Sputum or bronchial washings
- Stool or rectal swabs
- CSF

Note source of culture on requisition.

Most of these specimens are collected with a sterile culture swab system with a built in transport medium.

Sputum, urine, and stool specimens for culture should be collected in sterile containers with screw caps and refrigerated.
Throat, nasal, eye, ear lesions, wound and genital should be kept at room temperature.

CSF Cultures

Cultures may be submitted in the original collection container if it has a screw cap. Submit tube #3 if possible. **DO NOT REFRIGERATE** since Neisseria organisms are nonviable at refrigerated temperatures.

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Urine Cultures

Refer to the procedure for collection of CLEAN CATCH URINES. Use sterile screw cap container and refrigerate after collection.

Sputum Cultures

An early morning, deep cough specimen is preferred. Before collection the patient should rinse the mouth with water. Avoid contaminating specimen with saliva. Use sterile screw cap container and refrigerate after collection. ***Sputum for fungus/AFB cultures should be collected by the same procedure.*** Three separate specimens collected on consecutive morning are recommended for fungus/AFB cultures.

Blood cultures

Supplies:
Disposable gloves
SEPP Tincture Iodine Applicator (for patients less than 2 months)
Cepti-Seal Blood Culture Prep Kit (for patients less than 2 months)
FREPP Applicator
Appropriate Blood Culture bottles supplied by St. Bernards Ref Lab
Phlebotomy equipment – vacutainer hub, butterfly, alcohol pads, cotton balls, tape, tourniquet (Do not use Vacutainer Eclipse Needles)

Patient Preparation:
Note: If patient is allergic to iodine, then use Chloraprep.
1. Explain to patient, that the physician has ordered a series of test and you will have to draw more than one sample of blood.
2. Wash hands and wear gloves.
3. Examine the potential site of collection, palpating and locating the vein of choice. ***Do not touch the site again with your un-sterile gloved finger after it has been sterilize using the following procedure as contamination will occur.***
4. Release the tourniquet and prep the site.

For patients less than 2 months:

a. Using the FREPP Applicator, scrub the site for 60 seconds using a circular motion and allow the site to dry. DO NOT BLOW ON THE SITE AS CONTAMINATION MAY OCCUR.

b. Using the SEPP Applicator, crush the inner ampule and saturate the cotton tip with the tincture of iodine. Apply the iodine starting at the point of collection moving the tip of the applicator in concentric circles. Allow the iodine to dry for 35 seconds. DO NOT BLOW ON THE SITE AS CONTAMINATION MAY OCCUR.

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For patients greater than 2 months:

a. Using aseptic technique, remove the Frepp from its package, assuring its sterility.
b. Holding the applicator sponge parallel to the floor squeeze the wings to break the ampule inside the applicator to release the solution.
c. Prime the applicator by pressing the sponge on the procedural site allowing the sponge to become saturated with the ChloraPrep solution.
d. For a dry site, such as the arm, use a back and forth motion to scrub the site with the sponge for a full 30 seconds, completely wet the treatment area with antiseptic.
e. Allow the area to air dry for approximately 30 seconds.
f. Do not blot or wipe away.
g. Discard the applicator after a single use.
** If a port or a-line is used for a collection site, swab the port with an alcohol pad and allow it to dry, then swab the port with a Betadine pad and allow it dry.

Procedure:

1. Swab the rubber septum of the blood culture bottles with an alcohol pad.
2. Reapply the tourniquet (if applicable), and collect the blood specimen. If you must re-palpate the area with your gloved finger, then sterilize the finger using a Betadine pad.
3. When removing the needle from the patient's arm, be sure not to touch the needle with the cotton ball, as contamination would occur.
4. Remember the order of draw if other specimens are needed along with a blood culture. *Blood Cultures are always first*. Be aware of the minimum amounts for the particular blood culture bottles you are using. Minimum and maximum amounts are printed on the bottles. Mix the blood samples in the bottles by gentle inversion or swirling.
5. The following information must be recorded on the blood culture bottle: Patient's name and date of birth, date & time of draw, and collector's initials.

CULTURE COLLECTION AND HANDLING

ANAEROBIC CULTURES

The swab or material collected must be placed in an anaerobic transport medium immediately. Any exposure to air may cause the organism to be nonviable and non-recoverable by culture. Acceptable sources for anaerobic cultures are as follows:

- Aspirated pus from deep abscesses
- Wounds
- Surgical specimens

- Suprapubic urine specimens
- Sterile body fluids
- Trans-tracheal aspirates
- Urogenital specimens from normally sterile sites

Unacceptable sources for anaerobic cultures include the following:

- Superficial wounds
- Vaginal/cervical swabs
- Feces
- Voided or cath urine specimens
- Expectorated sputum
- Specimens contaminated by normally occurring flora

FUNGUS AND AFB CULTURES

Specimens for fungal and/or AFB cultures should be submitted in a sterile leak-proof container *Note source of culture on requisition.* or a swab in transport media. These cultures routinely include a smear from most sources. Negative fungal or AFB cultures are reported final after approximately 6 weeks of incubation. Note the source on the requisition.

VIRAL CULTURES

SBMC Reference Laboratory will supply M4 viral transport media and Dacron-tipped swabs with plastic or fine-wire shafts to be used in the collection and transportation of viral cultures. Specimens should be placed immediately into the M4 media and refrigerated. EXCEPTION: *CSF, urine, semen, and stool should NOT be sent in the M4 media, these should be sent in a sterile, leak-proof container and refrigerated.* The source of the specimen should be documented on the requisition and the container. Viral cultures will be sent to our referral laboratory for processing and testing.

PERFORMANCE OF A ROUTINE VENIPUNCTURE

The patient's veins are the main source of blood for laboratory testing as well as a point of entry for IV's and blood transfusions. Since only a few veins are easily accessible to both laboratory and other medical personnel, it is important that everything be done to preserve their good condition and availability.

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Gloves should always be worn when collecting and handling blood and body fluid specimens.

Supplies:

1. Tourniquet
2. 70% alcohol prep pads
3. dry cotton gauze sponge
4. appropriate vacutainer tubes for tests ordered
5. vacutainer hub and needle or butterfly
6. tape

- ✓ Greet the patient in a friendly and professional manner. Identify the patient by asking them to state their full name and date of birth. Review the request form(s) to verify that you are sticking the correct patient and drawing the appropriate tubes for the tests that are requested.

- ✓ Check for diet restrictions. If the test requires that the patient be fasting, make sure that these requirements have been met.

- ✓ Gain the patient's confidence. Never say, "This won't hurt." Let the patient know that the venipuncture may be a little painful but will be of short duration.

- ✓ The patient should be seated comfortably in a venipuncture chair. The arm should be positioned on a slanting armrest in a straight line from the shoulder to the wrist. The arm should not be bent at the elbow.

- ✓ Prepare your equipment. Assemble your tube(s), hub and needle, cotton, tape and 70 % alcohol prep before you apply the tourniquet. Check the requisition form(s) again for tube verification.

- ✓ Be certain that the patient does not have anything in their mouth, including candy or gum.

- ✓ Never do a venipuncture on a patient who is standing.

- ✓ Place the tourniquet on the patient's arm approximately 3-4 inches above the area where you are going to "feel" for a vein. The three veins primarily used for venipunctures are the cephalic, basilic and median cubital. Choose the vein that feels the fullest. Look at both arms. Ask the patient to make a fist to make the veins more prominent and easier to enter. Pumping the fist should be avoided because it may affect some test values.

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- ✓ Using the index finger, palpate (feel) for a vein. Even if you can see the vein, palpate so you can be certain of its location and direction. A vein feels much like

- ✓ an elastic tube and "gives" under pressure. Also, veins do not pulsate as arteries do. If you have difficulty finding a vein, if possible, examine the other arm. If superficial veins of the arms are either impossible to find or not available, you may want to examine for veins in the wrist, hands or feet. Note: It is not recommended to stick the feet of a diabetic patient. Take your time to find the best vein but never leave the tourniquet on for longer than 1 minute.

- ✓ Release the tourniquet and clean the venipuncture site with alcohol prep. Cleanse the site with a circular motion from the center to the periphery.

- ✓ Reapply tourniquet and grasp the patient's arm approximately 1-2 inches below the venipuncture site. Pull the skin tight with your thumb to keep the vein from rolling.

- ✓ The needle should be at approximately a 15 degree angle to the patient's arm and in a direct line with the vein. Turn the needle so that the bevel is in an upward position. Puncture the vein.

- ✓ If multiple samples are drawn, remove the tube as soon as the blood flow stops and insert the next tube into the holder. Those tubes with additives should be mixed immediately but gently. Release the tourniquet.

- ✓ The tourniquet may be released as soon as blood enters the tube, or you may leave the tourniquet on during the entire procedure.

- ✓ Place a gauze pad over the puncture site and quickly remove the needle. Apply pressure until the bleeding has stopped, then place a piece of tape over the venipuncture site.

- ✓ Label tubes as follows (minimum information):

    a. Patient's Full Name
    b. Date of Birth
    c. Date and Time of Specimen Collection
    d. Initial's of Collector

- ✓ Change your gloves and wash your hands before sticking the next patient.

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ORDER OF DRAW FOR EVACUATED BLOOD TUBES

Collect specimen tubes in the following order:

1. Blood cultures
2. Non-additive tubes (plain red tops)
3. Light blue Na Citrate tubes for Coagulation
4. Yellow SST or green lithium heparin tubes for Chemistry
5. Lavender EDTA tubes for Hematology
6. Grey for blood sugar

CENTRIFUGATION OF BLOOD SPECIMENS

Serum or plasma required for testing must be physically separated from contact with cells as soon as possible after collection. *However, yellow top and red top tubes (serum) should sit for a minimum of 30 minutes to allow specimen adequate time to clot before being centrifuged.* Specimens should be centrifuged with the stoppers in place. The recommended centrifuge time is 10 minutes. If the gel barrier has not completely separated the plasma/serum from the cells, specimens must be centrifuged an additional 10 minutes. After complete separation of plasma/serum and cells, the specimen tube may be refrigerated or transferred to a plastic transfer tube and frozen.

Plasma specimens for chemistry testing are obtained using a vacutainer tube containing a lithium heparin anticoagulant (green top tube). These specimens may be centrifuged immediately.

Chilled specimens – when a specimen must be placed on ice or chilled, immediately place the tube of blood or blood gas syringe into either crushed ice or a mixture of ice and water.

Frozen specimens – serum/plasma must be transferred to a plastic transfer tube and frozen. Write the specimen type on the transfer tube so that the correct test will be performed on the frozen specimen (ie. EDTA plasma for plasma from lavender tubes, citrated plasma for blue tubes, serum for red top,etc).

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PACKAGING SPECIMENS FOR TRANSPORTATION

All body fluids are potentially infectious and must be handled accordingly. All blood and body fluid specimens must be packaged and transported in the following manner:

1. The primary container (urine cup, screw cap tube, vacutainer tubes, etc.) must be leak-proof and securely closed.

2. Place the primary container into a plastic Ziploc bag. Please use one bag and requisition for each source (i.e. urine would have its own bag and requisition; a blood specimen would have its own bag and requisition, etc). DO NOT put blood and urine into the same bag.

3. Place the requisition into the outer pouch of the specimen bag with the patient information visible to the outside.

4. Store the packaged specimen at the recommended temperature until it is picked up by the courier.

USE OF LOCK-UP BOXES

Specimens may be placed in a lock-up box for after-hours pickup by the courier.

DURING WARM WEATHER, a cool pack must be placed inside the lock-up box with specimens requiring storage at 2-8 degrees C and frozen specimens must be placed in a Styrofoam insulating container with ice pack and securely sealed.

DURING COLD WEATHER, specimens should be placed inside a Styrofoam insulating container before being placed inside the lock-up box.

COMPLETING THE TEST REQUISITION

The Reference Laboratory requisition must be completed by the client and include:

1. Patient's full name or other unique identifier, address, date of birth, age, sex, social security number, race and telephone number. If patient is a minor, include the name, address and social security number of guarantor.

2. The name, address and telephone number of the medical provider requesting the test.

3. The test(s) to be performed.

4. Date and time of specimen collection and initials of collector.
5. Source of specimen, if applicable. (Each source requires a separate requisition).
6. Billing instructions & insurance information.
7. Name of requesting physician
8. Requesting physician's signature
9. Patient's diagnosis

Tests not listed on the requisition form may be requested by writing the name of the test(s) onto the requisition in the provided space listed as "other tests".

The patient or person assuming financial responsibility must sign the COA (Conditions of Admissions) when having any type of testing performed by the hospital.

If the patient has Medicare and the test is listed on the NCD List, a signed Advance Beneficiary Notice must be signed prior to drawing the specimen if covered diagnosis cannot be obtained. This process ensures that the patient is informed of the likelihood that Medicare may deny payment so the patient may make an informed decision whether to receive the service and pay for it out of pocket or not. ***SBRL reserves the right to reject specimens without a signed ABN for specific tests as outlined in the list provided at the end of this section (SEE PAGEs 12-13).***

If required information is missing, the registration clerk will contact the client to gather information by telephone.

The client should retain a copy of the completed requisition. Two copies of the completed requisition must accompany the specimen by being placed in the *outside* pocket of the bag ONLY– to prevent damage in case of leaking or broken specimen.

The SBMC Reference Laboratory will perform tests only at the request of an authorized person. ***The laboratory requisition must have the signature of the ordering physician.***

RESULT REPORTING

STAT results and ALERT values will be telephoned to the client as soon as the results become available.

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Preliminary and final microbiology reporting is dependent upon type of culture ordered, organism growth pattern, and isolation of multiple pathogens and the length of time that the negative cultures are held. Only one preliminary report is given on negative cultures. Additional preliminaries are issued if a culture becomes positive.

SPECIMEN REJECTION CRITERIA

There are a number of factors, related to the collection and handling of blood specimens, that can lead to inaccurate test results. The following list of rejection criteria has been adopted to ensure accurate patient results:

1. Collecting the specimen in the wrong vacutainer tube or container.

2. Incorrect labeling of specimen. All specimens must be labeled with the patient's full name, DOB, date and time collected. Also, cultures must have source on container and requisition.

3. Incorrect storage temperature.

4. Clotted specimens caused by inadequate mixing of anticoagulant with blood or difficult stick. (NOTE: The yellow tube is supposed to clot).

5. Samples contaminated with IV fluids or heparin/saline flush solutions.

6. Stool specimens contaminated with urine or urine specimens contaminated with fecal material.

7. Prolonged contact of plasma or serum with the blood cells before specimen is centrifuged. Some test results may be falsely elevated or decreased.

8. Hemolysis – caused by venipuncture technique or caused by specimen mishandling (Ex. putting a tube of whole blood in the freezer). Hemolysis can cause a false elevation of some test values or inaccurate results due to interference in colorimetric testing.

9. Evaporation of a specimen can lead to concentration of the analytes being tested.

10. Insufficient quantity of specimen to perform the requested tests.

11. Contamination of specimen containers caused by leaking or broken specimens.

12. Specimens contained in a syringe with the needle attached will not be accepted or transported.

13. Improperly completed requisition.

14. Omission of Advance Beneficiary Notice or covered diagnosis on Medicare tests.

The client will be contacted to decide final disposition of the specimen. The staff will indicate on the requisition or test report the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.

GLUCOSE TOLERANCE TEST

PROCEDURE FOR THE ADMINISTRATION OF THE GLUCOSE SOLUTION

1. Patient should be fasting for 12 hours.

2. Collect a fasting blood specimen from the patient. Collect all blood specimens in a gray top tube.

3. *For Pregnant adults*, pour a 100g bottle of Glucola into a cup of ice for the patient to drink. It is preferable that the solution be ingested within 10-15 minutes. *For non-pregnant adults*, a 75g bottle of Glucola is used.

4. *For children under 12 years of age*, determine the required dosage by using the following formula:

   Child's weight in lbs/2.2 = child's weight in kilograms

   Weight in kilograms X 0.175 = amount of glucola to be given (not to exceed 7.5 oz)

   Example: 88 lbs/2.2 = kilograms

   40 kg X 0.175 = 7 oz

5. The patient should not leave during the testing; they may drink only water and eat nothing (no gum or hard candy, etc.). Also, smokers should be instructed not to smoke until testing is complete.

6. Timed blood specimens must be collected at exactly 1 hour, 2 hours and 3 hours respectively from the time the patient has finished drinking the Glucola. The physician may also require that one or all of the following also be obtained: a 4 hour, 5 hour and/or 6 hour sample.

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EXAMPLE FOR DRAWING

1. Fasting blood sugar drawn at 0830
2. Patient drinks Glucola, finishing at 0845
3. Draw 1 hour specimen at 0945
4. Draw 2 hour specimen at 1045
5. Draw 3 hour specimen at 1145
6. 4 and 5 hour specimens can also be collected if requested by the physician.

Advance Beneficiary Notice Policy

The basic purpose of an Advance Beneficiary Notice (ABN) is to ensure that a beneficiary is notified of the likelihood or certainty that Medicare will deny payment for a particular claim, for a specific reason, and is given sufficient information so they may make an informed consumer decision whether or not to receive the service and pay for the testing out of pocket. CMS has devised a standardized form (CMS-R-131-L) for laboratory tests.

The patient has three choices:
They may have the test and be prepared to pay out of pocket personally *or by any other insurance coverage*, they may mark for medicare to not be billed or they may mark to not have the test.

A patient who decides to receive the test should be given an ABN and mark Option 1, sign, and date the ABN to indicate willingness to be personally and fully responsible for payment. In the case of a beneficiary who is incapable or incompetent, his or her representative who signs for other matters in accordance with Medicare rules also may sign an ABN. Once the patient has read the ABN, the patient knows or could reasonably have been expected to know, that payment from Medicare could not be made.

A patient who decides to receive the test should be given an ABN and mark Option 2, sign, and date the ABN to indicate willingness to be personally and fully responsible for payment. This option states that the patient does not want medicare billed. In the case of a beneficiary who is incapable or incompetent, his or her representative who signs for other matters in accordance with Medicare rules also may sign an ABN. Once the patient has read the ABN, the patient knows or could reasonably have been expected to know, that payment from Medicare could not be made and that they do not want medicare billed.

A patient who decides not to have the test should mark Option 3, sign, and date the ABN. If the patient demands the test and refuses to pay, the staff will have a second person witness the provision of the ABN and the patient's refusal to sign. They will both sign a note for the file attesting to witnessing said provision and refusal.

When obtaining an ABN you should: ***(FILL OUT COMPLETELY)***

1. Document the name of the test(s) in question in the appropriate box (below the statement "Medicare probably will not pay for the laboratory test(s) indicated below for the following reasons:") Write in the reason… Ex. "Medicare will not pay for the test(s) without a covered diagnosis".
2. Document the estimated cost of the test(s) – found in this directory or in *LABTEST*
3. Ensure that the patient marks Option 1, Option 3 or Option 3, signs, and dates the ABN.
4. Give the yellow copy of the ABN to the patient
5. Send the white and pink copy of the ABN to the Reference Lab along with the Ref Lab Requisition/Physician order and specimen(s).

- ABN's should not be given to all patients routinely where there is no specific, identifiable reason to believe Medicare will not pay.
- A new ABN will be required only for additional tests not specified by the initial course of treatment and no coverage is expected to be furnished.
- No attempt will be made to obtain patients' signatures on ABN's during emergencies and other situations where a rational, informed consumer decision cannot reasonably be made.

Auditing and Monitoring

An audit will be conducted monthly (or more frequently) to determine compliance as dictated by this policy. Frequent disregard could result in temporary termination of SBRL privileges.

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See Next page for a listing of NCD Tests:

AFP Tumor Marker
B6
B12
BHCG Quantitative
BNP
CA 125
CA 19 9
CA 15 3
CA 27.29
Carnitine
CBC
CEA
Cholesterol
CRP (cardiac)
Digoxin
Drug Screens
FE (Iron)
Ferritin
Fibrinogen
Folate
GGT
Glucose
Glucose Tolerance Test
Hematocrit
Hemoglobin
Hemoglobin A1C
Hepatitis Panel
Hepatitis A
Hepatitis B
Hepatitis C
HIV
Homocysteine
Lipid
Lipoprotein
Lupus Anticoagulant
Occult Blood
PSA
PTINR
PTT
Prenatal 1
T3U
T4
T4,Free
TIBC
Transferrin

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Triglycerides
TSH
Urine Culture
Vitamin D, 25 hydroxy
Vitamin D, 25 dihydroxy

Arkansas Blue Cross and Blue Shield

Arkansas Blue Cross and Blue Shield (ABCBS) only pays for covered services and procedures when ABCBS rules are met. If ABCBS determines that one or more of the services or procedures are not eligible for reimbursement under a patients specific benefit plan*, ABCBS will deny payment to St. Bernards Medical Center. In such an event, we require a signed waiver in advance of this service or procedure that permits us to perform the requested service.

This waiver assists the patient in making an informed decision about receiving the health care service or procedure by providing an estimate of the charges that will be billed to them. It states that they understand they may be personally and fully responsible for payment on such services as well as charges for any follow-up that may be required.

Waivers are only required for services considered “not medically necessary” or experimental/investigational. It is the provider’s responsibility to inform ABCBS patients when a service(s) may fall in this category.

Please include the following complete information:

- Patient name, social security number and DOB at the top of the waiver
- Name of test or service (or CPT code)
- Reason for likelihood of denial
- Estimate of charges
- Patient’s signature and date (*before drawing specimen*)
- Witness signature and date

Present the Yellow copy to the patient and attach both the White and Pink copies to the original Lab Requisition.

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Arkansas Blue Cross and Blue Shield tests known at publish date of directory:

CEA	
CA 27.29	
CA 125	**86304**
CA 19 9	**86301**
CA 15 3	**86300**
Factor V Leiden	**81241**
Allergens/RAST	**86003 for each allergen**
Fetal Fibronectin	**82731**
Homocysteine	**83090**
PSA Diagnostic	**84153**
IgE	**82785**
HgA1C	**83036**
BNP	**83880**
CRP Inflammation	**86140**
Cystic Fibrosis	**Call for CPT(s) and price**
Chromosome Analysis	**Call for CPT(s) and price**
Karyotype	**Call for CPT(s) and price**
Factor II (Prothrombin)	**81240**
Fragile X	**Call for CPT(s) and price**
MTHFR	**81291**
Gliadin	**Call for CPT(s) and price**
Transglutaminase	**83516 x2**
OVA 1	**Call for CPT(s) and price**
IgE	**82785**

All Cytogenetic and Molecular Diagnostics need a waiver
Call for CPT(s) and price