



EPA

**WEBSITE INFORMATION SHEET**

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**EPA Sample Acceptance and Rejection  
Criteria**

**Changes from previous revision**  
Updated reference to the new ISO15189: 2022 standard.

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## EPA Sample Acceptance and Rejection Criteria

It is necessary on occasions for the laboratory to reject samples. This document describes in general terms the criteria used for the acceptance and rejection of samples for Eastern Pathology Alliance (EPA). It has been written to meet ISO 15189: 2022, clause 7.2.6 Sample Receipt.

Samples will be accepted if the following essential criteria are met:

- a) The minimum labelling requirements are 4 patient identifiers. These should be at least Patient's Surname, Forename, Date of Birth and Hospital/NHS number. It is good practice for us to have location, requestor and date and time of sample.  
**Note:** samples taken by paramedics are accepted with three points of ID as they do not have access to patients' hospital/NHS number.
- b) Correct sample type for investigation requested
- c) Sufficient sample for testing
- d) Correct transport conditions e.g. Time constraints

The above criteria also apply to samples referred from other hospitals/laboratories, eg. for bone marker tests.

The following exceptions exist in Microbiology:

### Blood Cultures

The specimen and request form **MUST** both have Surname and Forename plus at least one of DOB, Hospital Number or NHS Number.

### Chlamydias (APTIMA swabs)

The specimen **MUST** have Surname and Forename plus either Hospital Number or NHS Number.

### Ante-Natal Screening tests

The specimen and request form **MUST** both have Surname, Forename and DOB plus at least one of NHS Number, Hospital Number Address or Postcode.

### Unrepeatable specimens

The only mislabelled specimens accepted for testing are:

- CSFs
- Fluids/Aspirates
- Tissues/Bone/Biopsies
- Liquid Pus
- Post Mortem samples

Blood Cultures from wards that have been agreed

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## Sample Rejection

Samples will be rejected in the following circumstances:

- a) Fewer than 4 patient identifiers on samples
- b) Unlabelled samples
- c) No request form received (unless the sample is not repeatable e.g. Blood Culture, in which case details will be taken from sample)
- d) No request form from GP surgeries without the Indexor system
- e) Mismatched samples and forms
- f) Incorrect sample type for investigation requested
- g) Condition of sample on arrival does not meet criteria for that investigation
- h) Broken or badly leaking samples
- i) Underfilled or overfilled samples
- j) Insufficient sample

## Request Form

Although samples will be processed with an incomplete request form, it will impact on investigations carried out plus the requestor's ability to access results and IT systems further down the process.

Essential Criteria:

- a) NHS and or Hospital Number
- b) Full Name
- c) Date of Birth
- d) Gender
- e) Investigation/s

Desirable Criteria

- f) **Clinical Information – essential for Microbiology especially Serology**
- g) Patient's Location
- h) Patient's Consultant or GP
- i) Date and Time of sample
- j) Sample type (eg. type of swab)
- k) Patient's address
- l) Requestor's contact number

## Samples and Forms with only Coded Identification

On occasions it may not be possible to have the full patient identification. When this occurs, it is the laboratory's responsibility to make sure as much information as possible is available so that results may be found.

Patient identification may not be available in the following circumstances, this list is not exclusive:

- Unknown patient in A&E
- Patients known as ID numbers to maintain their confidentiality

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- New Born Babies

## Maintaining data quality/integrity within EPA

When sending either photocopies or carbon copies of forms between laboratories/sites/sections the sender must ensure that these are legible and have all the required information. Not following this process may lead to samples either being incorrectly processed or rejected.

## Individual Test Requirements

There are many different requirements for individual investigations. Each area within EPA has documentation, policies and SOPs informing staff/users of these requirements.

## Clinicians including GPs requesting their own investigations

On occasions the laboratory may receive a sample and form which are from the requestor themselves. These must be brought to the attention of the appropriate Laboratory consultant before processing. It is normal practice for us in these cases only to process if results are requested to go back to their own GP/Consultant.

## **11. Reporting of issues to users**

All issues with samples are reported back to our users as attached comments to the reports. However, when a result is requested as urgent then the laboratory will inform the user by telephone as soon as possible and place a comment on the LIMS.

### Acceptance of insufficiently labelled samples

In general, EPA has a zero-tolerance approach to accepting insufficiently labelled samples. However, there may be an incidence where a sample cannot be repeated as it is not physically possible, due to clinical need or it is not in the patient's best interests to repeat. In these cases, if agreed by a senior member of staff/Chief BMS or consultants, the samples can be accepted, after relabelling where possible (Note: Blood Transfusion and Microbiology samples cannot be relabelled).

Where relabelling is permitted the person who took the sample must come to the laboratory to relabel the sample and complete a form which will allow the laboratory to have a full audit trail and information which can be placed in the LIMS. This information must be fully documented on the final report; also a Datix/QSAFE report must be raised.

Note: samples may be accepted in cases where the discrepancy has been thoroughly investigated and laboratory staff are satisfied that the request form and sample relates to the same person, eg. form printed with female patient's surname which has then changed by the time the sample is collected.

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