CLIENT SERVICES...........................................................................................................................................1

SECTION 1 : GENERAL INFORMATION............................................................................................................4
   ABOUT NORTHEAST HEALTH INTEGRATED LABORATORIES.....................................................................4
   MEDICAL AND SUPERVISORY STAFF DIRECTORY .......................................................................................5
   MEDICAL STAFF ............................................................................................................................................5
   SUPERVISORY STAFF ....................................................................................................................................5
   ACCOUNT EXECUTIVE ..................................................................................................................................5

LABORATORY INFORMATION SYSTEMS (LIS) COORDINATOR .......................................................................5
   LABORATORY COLLECTION STATIONS/PATIENT SERVICE CENTERS ...........................................................6
   HOME DRAW PROGRAM ..................................................................................................................................7
   LABORATORY NEWSLETTER .............................................................................................................................7
   REFERENCE LABORATORIES .........................................................................................................................7

SECTION 2: LABORATORY SERVICES AND POLICIES ...................................................................................9
   SCOPE OF LABORATORY SERVICES .............................................................................................................9
   STAT POLICY AND REPORTING ....................................................................................................................9
   CRITICAL VALUES .......................................................................................................................................10
   REFLEX TESTING ..........................................................................................................................................12
   BLOOD BANK ................................................................................................................................................13
      General Policies ........................................................................................................................................13
      Specimen requirements ...............................................................................................................................13
      Testing Requirements .................................................................................................................................14
      Blood Products ..........................................................................................................................................14
      Summary Chart of Blood Components .....................................................................................................16
   Ordering Procedure ......................................................................................................................................16
   Release for Uncrossmatched Blood ................................................................................................................17
   Release for Incompatible Blood ......................................................................................................................17
   Procedure for Issuance of Blood and Blood Products ...............................................................................17
   Transport of Blood in Thermal Containers ................................................................................................17
   Transfusion Reactions ................................................................................................................................18
   Types of Transfusion Reactions ....................................................................................................................18

PATHOLOGY/CYTOLOGY ..................................................................................................................................20
   General Information .....................................................................................................................................20
   Surgical Pathology .......................................................................................................................................20
   Bone Marrow ...............................................................................................................................................21
   Frozen Sections ..........................................................................................................................................21
   Cytology .....................................................................................................................................................21
   Fine Needle Aspiration .................................................................................................................................21
   Post Mortem Examination ...........................................................................................................................21
   Consent for Post Mortem Examination ........................................................................................................22
   Notification of the Coroner/Medical Examiner .............................................................................................23
   ADDITIONAL TESTING ON PREVIOUSLY COLLECTED SPECIMENS .....................................................24
   LABELING REQUIREMENTS .........................................................................................................................25

SECTION 3: REQUISITIONS AND REPORTS ......................................................................................................26
   REQUISITIONS ...............................................................................................................................................26
   DOWNTIME PROCEDURES ............................................................................................................................26
      Requisitions ...............................................................................................................................................26
      Phlebotomy Rounds ..................................................................................................................................27
      Results Reporting .....................................................................................................................................27
   LABORATORY REPORTS ...............................................................................................................................28
This table of contents is all inclusive of policies in effect and contained within this manual as of the date of last revision and approval below.

Table of Contents Reviewed by:

______________________________________________
Vernon Pilon, M.D., Laboratory Director, AMH

______________________________________________
Aniceto Lomotan, M.D. Laboratory Director, SH

Warren Pabst, Administrative Director, NeH Laboratories
Original Implementation Date: 1/2008
Section revision date: 12/30/2011
Rev 2012
Section 1: General Information

About Northeast Health Integrated Laboratories

In 1998, the laboratories of Albany Memorial and Samaritan Hospitals came together under the Northeast Health banner. The Northeast Health Integrated Laboratories provide physicians, patients, and nursing homes with convenient access to the latest technology, prompt turn around times, and a first-rate technical staff. We offer a wide range of testing in chemistry, hematology, urinalysis, serology, blood bank, microbiology, and cytology/pathology.

The Northeast Health Integrated Laboratories strive to provide accurate, reliable, and timely test results, with an emphasis on exceptional customer service. With laboratory sites in both Albany and Troy, we offer laboratory services to a large geographic area within the Capital District. Our clients include the inpatients and outpatients of Samaritan and Albany Memorial hospitals, numerous physician offices, nursing homes and rehabilitation centers, adult living centers, and community health centers located throughout the Capital Region.

Northeast Health Integrated Laboratories utilize an extensive quality control and proficiency program to ensure the highest quality results. Both laboratories are licensed by the New York State Department of Health. Both labs hold accreditation from CMS.
Medical and Supervisory Staff Directory

Laboratory, Albany Memorial (AMH)
Phone: 471-3240, Fax 471-3067
Laboratory, Samaritan (SH)
Phone: 271-3225, Fax: 271-3171

Medical Staff

Dr. A. Lomotan, Medical Director, SH  271-3229
Dr. V. Pilon, Medical Director, AMH  471-3241
Dr. D. Eldeiry, Pathologist, SH  271-3229
Dr. P. Kunchala, Pathologist, AMH  471-3249

Supervisory Staff

Warren Pabst, Administrative Director,
Northeast Health Laboratories
271-3226

Amy Farnan, Pathology  471-4938
Dana Kratz, Hematology 271-3642
Martha Luzinas, Microbiology  471-3644
Felicia Raab, Cytology  471-3263
Natalka Verzole, Blood Bank 471-3703
Bonnie Welch, Chemistry/Serology 271-3631
Carol Martinelli, Client Services/Phlebotomy 271-3629

Account Executive

Hollis Resnik  271-3315

Laboratory Information Systems (LIS) Coordinator

Cris Mendoza  271-3633
# Laboratory Collection Stations/Patient Service Centers

<table>
<thead>
<tr>
<th>Laboratory Collection Stations</th>
<th>Patient Service Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoosick Street (Route 7) Patient Service Center</td>
<td>Everett Road Patient Service Center (located in the Northeast Ortho Bldg)</td>
</tr>
<tr>
<td>258 Suite 103, Troy, NY 12180</td>
<td>121 Everett Rd., Albany, NY 12205</td>
</tr>
<tr>
<td>Phone: (518) 326-1742, Fax: (518) 326-1746</td>
<td>Phone: (518) 813-9469, Fax: (518) 813-9486</td>
</tr>
<tr>
<td>Hours: M-F 8:30 am - 5pm, Sat 7am - Noon</td>
<td>Hours: M-F 7:30am - 4pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coblens Patient Service Center</th>
<th>Ravena Patient Service Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>244 Ontario St., Cohoes, NY 12047</td>
<td>2480 Route 9W, Ravena, NY 12143</td>
</tr>
<tr>
<td>Phone: (518) 237-3980, Fax: (518) 237-3986</td>
<td>Phone: (518) 756-1226, Fax: (518) 756-1226</td>
</tr>
<tr>
<td>Hours: M-F 7:30am - 4pm</td>
<td>Hours: M-F 7:30am - 4pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Albany Memorial Hospital Outpatient Lab</th>
<th>Samaritan Hospital Outpatient Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>600 Northern Blvd., Albany, NY 12204</td>
<td>2215 Burdett Avenue, Troy, NY 12180</td>
</tr>
<tr>
<td>Phone: (518) 471-3250, Fax: (518) 471-3669</td>
<td>Phone: (518) 271-3706, Fax: (518) 271-3916</td>
</tr>
<tr>
<td>Hours: M-F 7am - 5pm; Sat 7am - Noon</td>
<td>Hours: M-F 7am - 5pm; Sat 7am - Noon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital District Internal Medicine</th>
<th>Family Medical Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1440 Western Avenue, Albany, NY 12203-3421</td>
<td>279 Troy Road (Route 4), Rensselaer, NY 12144</td>
</tr>
<tr>
<td>Phone: (518) 482-0214, Fax: (518) 482-3740</td>
<td>Phone: (518) 268-1922, Fax: (518) 268-3225</td>
</tr>
<tr>
<td>Nazia Halil, MD, Internal Medicine; Priyamjna Patherana MD, Internal Med</td>
<td>Nalini Ramanathan, MD, Elizabeth Sandel MD, Family Med; Jeffy Rool Ph D, Psychology; Krislin Yannetti MD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waterford Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>156 Saratoga Avenue, Waterford, NY 12188-2205</td>
</tr>
<tr>
<td>Phone: (518) 233-1162, Fax: (518) 233-0503</td>
</tr>
<tr>
<td>Amita Nair, MD</td>
</tr>
</tbody>
</table>

*Please call ahead for hours if not listed.*

Please note that traditional lunch hours are between 12pm to 1pm – please call in advance if coming around those times.

*Glucose Tolerance (GTT) 2hr Post or similar type testing are only performed at the following collection stations.*

*Please call ahead for advanced scheduling of GTT 2hr Post or similar type tests at the following collection stations.*

NY State's Employees, Beneficiaries, and Insurers with Empire Blue Cross insurance will have a higher copay if drawn at the hospital based draw stations (Albany Memorial and Samaritan Hospitals). Please use our other draw station options listed here to avoid the higher copay.
Home Draw Program

Northeast Health Integrated Laboratories offer a home draw program to provide phlebotomy service to patients who are living at home, and are unable to present to the hospital collection stations. Requests for home draw service must be accompanied by a written physician’s order. We also require a current ICD9 code, the test(s) requested, and the frequency of collection.

The primary service area for home draw collections is the Capital District within a 20-mile radius of the Samaritan Hospital campus in Troy. Appointments are scheduled Monday through Friday ONLY, and excluding holidays.

Reports on home draw patients are faxed to the ordering physician on the day of service.

Due to Medicare regulations, the duration of a home draw order is restricted to twelve months. Accordingly, physician orders are maintained in the Meditech scheduling system for the twelve months. One month before the current order expires, the ordering physician will receive a “Request for Renewal” notice from the laboratory. To renew a home draw order, either complete and return the renewal form or submit a new written request to the laboratory.

If the laboratory is unable to contact the ordering physician in three attempts, the patient is considered discharged, and will no longer be scheduled for home draw collection.

To schedule a home draw, contact the laboratory at 271-3615.

Laboratory Newsletter

Northeast Health Labs publish LabLink, the laboratory newsletter, four times a year. LabLink contains information on test ordering, specimen requirements, new instrumentation, changes in reference ranges, regulatory issues, and many other topics of interest to the physicians and staffs of both hospitals and our outreach clients. LabLink is an ongoing communication tool providing our clients with current information on laboratory services.

Reference Laboratories

Requests for testing that is not performed at either of the Northeast Health labs are referred to a reference laboratory. Reference laboratories used by the Northeast Health Integrated Laboratories must be:

- Approved by the New York State Department of Health
- Acceptable to the laboratory director
- Acceptable to the medical staff

Rev 2012
The majority of reference testing is sent to LabCorp. LabCorp reports are interfaced to Northeast Health Labs’ computer system. Providers will receive these reports through Northeast Health Labs’ computer system. Reports for tests performed at a reference lab will specifically list identification of the actual performing laboratory. Any issues with reference laboratory tests will be routed through Northeast Health Laboratory.

Northeast Health labs maintain a Reference Desk on the Samaritan campus to facilitate the processing and transport of specimens sent to reference labs. It also serves as a research tool for unusual testing, and a resource for information pertaining to the proper collection of reference lab specimens. The Reference Desk can be reached at 271-3621.

**Preceding Section Reviewed by:**

______________________________________________  
Vernon Pilon, M.D., Laboratory Director, AMH

______________________________________________  
Aniceto Lomotan, M.D. Laboratory Director, SH

______________________________________________  
Warren Pabst, Administrative Director, NeH Laboratories  
Original Implementation Date: 1/2008  
Section Revision Date: 12/30/2011
Section 2: Laboratory Services and Policies

Scope of Laboratory Services

Northeast Health Laboratories provide a wide range of testing in the following areas:

- Blood Bank/Transfusion Services
- Chemistry – General, Therapeutic Drugs, Endocrinology, Electrophoresis
- Hematology – General, Coagulation Studies
- Microbiology – General, AFB, Mycology (limited to yeast ID)
- Cytology/Pathology
- Serology
- Urinalysis

Both Albany Memorial and Samaritan hospitals operate full service blood banks. The main Microbiology and Pathology/Cytology laboratories are located at Albany Memorial Hospital, with limited services available at Samaritan Hospital. Pathology/Cytology specimens are grossed at the receiving hospital, prepared at AMH, and read by pathologists at the site from which the specimen was submitted.

The laboratories at Albany Memorial Hospital and Samaritan Hospital are open 24 hours a day, seven days a week. Surgical pathology services are available Monday through Friday.

STAT Policy and Reporting

The following tests are available on a STAT basis:

**Blood Bank:**
- Direct Coombs
- Type and Crossmatch
- Type and Screen
- Cord Blood Workup (Type, Rh, Direct Coombs)
- Transfusion Reaction Workup

**Chemistry:**
- Acetaminophen
- AST/SGOT
- Amylase
- Bilirubin, Total and Direct
- Calcium (newborn)
- CK
- CSF glucose, protein, chloride
- GGT
- ALT/SGPT
- Ammonia
- Basic Metabolic Profile
- BUN
- Comprehensive Metabolic Profile
- Creatinine
- Electrolytes
- Glucose

Rev 2012
LDH
Magnesium
Phosphorous (newborn)
Salicylate
Therapeutic Drug Levels
Lithium
Microbilirubin, Total and Direct
Quantitative BHCG
Serum Pregnancy Test
Troponin

**Hematology:**
- APTT
- CBC with and without differential
- Fibrinogen Degradation Products
- Platelet count
- Sed Rate (ESR)
- Urinalysis
- WBC
- Bleeding Time
- CSF/Body Fluid cell count with diff
- Fibrinogen level
- Pro Time
- Sickle cell screen
- Urine Pregnancy Test
- Factor Xa

**Microbiology:**
- Gram Stain
- Strep Screen

**Serology:**
- Monospot (Heterophile)
- Rapid HIV

Normally, results of STAT testing will be available in the Meditech system within one hour of receipt in the laboratory. Blood bank STATs on uncomplicated crossmatches are completed within one hour of receipt. The physician or nursing unit will be notified if there is a delay. Special turn-around-times have been established for Emergency Department patients. Contact the laboratory for further information.

STATs will automatically print on the nursing unit’s printer upon completion. To minimize reporting errors, verbal reports are not normally given.

**Critical Values**

The medical directors of Northeast Health Laboratories in conjunction with the medical boards of Albany Memorial and Samaritan hospitals have established the following as critical values:

**Hematology and Coagulation:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Critical Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC (K/cu mm)</td>
<td>Less than 2.0</td>
</tr>
<tr>
<td></td>
<td>Greater than 30.0</td>
</tr>
<tr>
<td>Hematocrit (%)</td>
<td>Less than 21%</td>
</tr>
<tr>
<td></td>
<td>Greater than 60% (adults)</td>
</tr>
<tr>
<td>Hemoglobin (g/dl)</td>
<td>Less than 7.0</td>
</tr>
<tr>
<td></td>
<td>Greater than 20.0</td>
</tr>
</tbody>
</table>

Rev 2012
<table>
<thead>
<tr>
<th>Laboratory Test</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platelet Count (K/cu mm)</td>
<td>Less than 30</td>
</tr>
<tr>
<td>Fibrinogen (mg/dl)</td>
<td>Less than 100</td>
</tr>
<tr>
<td></td>
<td>Without anticoagulant</td>
</tr>
<tr>
<td>Pro Time (seconds)</td>
<td>Greater than 45.0</td>
</tr>
<tr>
<td>INR</td>
<td>Greater than 4</td>
</tr>
<tr>
<td>APTT (seconds)</td>
<td>Greater than 60.0</td>
</tr>
</tbody>
</table>

Chemistry:

<table>
<thead>
<tr>
<th>Laboratory Test</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose (mg/dl)</td>
<td>Less than 50</td>
</tr>
<tr>
<td>Calcium (mg/dl)</td>
<td>Less than 7.0</td>
</tr>
<tr>
<td>Sodium (meq/L)</td>
<td>Less than 125</td>
</tr>
<tr>
<td>Potassium (meq/L)</td>
<td>Less than 3.0</td>
</tr>
<tr>
<td>BUN (mg/dl)</td>
<td>-----</td>
</tr>
<tr>
<td>Phosphorous (mg/dl)</td>
<td>Less than 1.0</td>
</tr>
<tr>
<td>Magnesium (mg/dl)</td>
<td>Less than 1.0</td>
</tr>
<tr>
<td>Digoxin (ng/ml)</td>
<td>-----</td>
</tr>
<tr>
<td>Salicylate (mg/dl)</td>
<td>-----</td>
</tr>
<tr>
<td>Theophylline (ug/ml)</td>
<td>-----</td>
</tr>
<tr>
<td>Acetaminophen (ug/dl)</td>
<td>-----</td>
</tr>
<tr>
<td>Dilantin/Phenytoin (ug/dl)</td>
<td>-----</td>
</tr>
<tr>
<td>Phenobarbital (ug/ml)</td>
<td>-----</td>
</tr>
<tr>
<td>Lactic Acid (meq/l)</td>
<td>-----</td>
</tr>
<tr>
<td>Troponin</td>
<td>-----</td>
</tr>
</tbody>
</table>

Microbiology:

<table>
<thead>
<tr>
<th>Laboratory Test</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any sterile body fluid; e.g. blood, CSF, synovial pleural, peritoneal, pericardial, etc.</td>
<td>Positive smear or culture</td>
</tr>
<tr>
<td>AFB</td>
<td>Positive smear or culture</td>
</tr>
</tbody>
</table>

The laboratory will notify the nurse by phone that a critical value is being sent to their printer, or in the case of the ED, that it is on their “status board”. Documentation of the call and the name of the person receiving the notification are placed in the specimen record in Meditech. If the laboratory is unable to reach the nursing unit, the nursing supervisor on duty will be contacted with the critical value information.

To reduce the possibility of clerical error, verbal reports of critical values are not normally given. Under certain circumstances, however, verbal reports with readback may be given. It is the responsibility of the receiver of the results to confirm the verbal report with the printed report or in Meditech.

Rev 2012
Reflex Testing

The Executive Committee of the Medical Staff has approved the following testing to be performed automatically (reflexed) by Northeast Health Laboratories:

**Hematology:**

CBCD, CBCWOD< H&H and other hematology specimen results are evaluated based on numerical data, particle size distribution, scattergrams, and instrument flags, and peripheral smears are reviewed/manual diffs performed as necessary.

<table>
<thead>
<tr>
<th>Miscellaneous Hematology &amp; Urinalysis</th>
<th>Hemoglobin Electrophoresis</th>
</tr>
</thead>
<tbody>
<tr>
<td>If sickledex is positive and the patient has no previous electrophoresis results</td>
<td></td>
</tr>
<tr>
<td>If any of the following urinalysis constituents are positive: Turbidity (anything other than clear) Nitrate Protein ≥ 30 mg/dl Blood ≥ small Leukocytes ≥ small</td>
<td>Urine Microscopic</td>
</tr>
<tr>
<td>If Bence Jones Screen is positive</td>
<td>Urine Immunofixation</td>
</tr>
</tbody>
</table>

**Blood Bank:**

| If patient autocontrol is positive | Direct Coombs |
| If fetal screen is positive | Quantitative fetal hemoglobin |
| If antibody screen is positive | Antibody panel |

**Serology:**

| If RPR is positive | RPR titer |
| If RPR is positive | FTA-ABS |

Preceding Section Reviewed by:

______________________________________________  
Vernon Pilon, M.D., Laboratory Director, AMH  
______________________________________________  
Aniceto Lomotan, M.D. Laboratory Director, SH  
______________________________________________  
Warren Pabst, Administrative Director, NeH Laboratories  
Original Implementation Date: 1/2008  
Section Revision Date: 1/8/08, 12/30/2011  
Rev 2012
Blood Bank

The blood banks at Albany Memorial and Samaritan hospitals provide blood, blood products, and the testing necessary to insure safe transfusion of those products. They also provide blood typing and antibody screening for pre-natal patients and as diagnostic tools.

All of the blood products issued by Albany Memorial and Samaritan blood banks (except albumin) are obtained from The American Red Cross.

**General Policies**

All red cell products will be held for the patient for up to 72 hours unless:

- Special arrangements have been made
- The patient is discharged
- The blood expires

Blood type and antibody screen may be ordered in anticipation of transfusion and pre-operatively.

The Medical Executive Committees of Albany Memorial and Samaritan Hospitals have established Guidelines for the Reservation of Blood for Surgical Procedures. All personnel ordering blood bank testing must follow these guidelines.

Although nursing units stock certain types of tubing for use in transfusions, tubing and filters are also available from the blood banks.

Blood or components issued from the blood banks **must be returned within 30 minutes** if they cannot be immediately transfused for any reason.

Administration of blood must follow procedures as outlined in the nursing departments’ Standard Operating Procedure manuals, and include a patient identification procedure at the patient’s side. A copy of the transfusion record must be returned to the blood bank within 24 hours of transfusion.

**Specimen requirements**

All specimens for blood bank testing must be collected in a 10 ml pink top tube (no gel). The label must contain:

- Patient’s name
- **Patient’s date of birth** verified by asking the patient, then checking the patient’s wristband
- Date and time of collection
- Initials of person collecting specimen (Encouraged for non-laboratory personnel, required for laboratory personnel collecting specimen)
- Tests requested

Rev 2012
Blood bank specimens missing any of the above information will be rejected. Another, completely labeled specimen will be required. **Remember:** grave consequences up to and including death can result from transfusions based on incorrect patient identification. Be sure to carefully identify the patient.

Patient specimens expire 72 hours after collection.

Surgical Services personnel are responsible for the ordering of transplant tissue. Some of these products are stored in the blood banks at both hospitals.

**Testing Requirements**

Prior to the transfusion of blood products, the following testing is required:
- Blood group and Rh: All products except albumin
- Antibody screen and crossmatch: All red cell products

All orders for testing and crossmatch must be entered in the Meditech computer system. To order a blood product, enter the mnemonic for the product, or order a crossmatch for red cell products.

**Blood Products**

The following products are available through the Albany Memorial and Samaritan hospital blood banks:

1. **Leukocyte Reduced Packed Cells:** WBC’s are removed by filtration during processing at the Red Cross. Shelf life: 42 days
2. **Frozen Plasma:** Solvent/detergent plasma that inactivates any blood-borne viral particles that could transmit disease through blood transfusion. Plasma is separated from the red cells and frozen within 24 hours of collection. Storage is at –18 degrees C. **Allow 10 to 30 minutes for thawing.** Plasma expires 24 hours after thawing.
3. **Cryoprecipitate:** Contains high concentrations of Factor VIII and fibrinogen. Product is stored frozen. **Allow 20 to 30 minutes for thawing.** Product expires 4 hours after thawing.
4. **Platelets (all types):**
   - Random donor concentrates: Recommended dosage 5 to 10 units.
   - Random donor pheresis: single unit.
   - HLA Matched pheresis: single unit, patient must be HLA typed before ordering.
   - 5%/500ml
5. **Rh Immune Globulin**
   - Requires blood typing and antibody screen before administration
   - Recipient must meet the following criteria:
     - Must be Rh (D) negative and Du negative
     - Serum must be free of Anti-D antibody
     - Baby must be Rh positive or Du positive
- Direct coombs on cord blood must be negative

Rh Immune Globulin should be administered to unsensitized, Rh negative women within 72 hours of delivery, miscarriage or termination of pregnancy.

6. Autologous donations: Blood donated by the patient for their own use, usually for surgery.
Directed donations: Blood donated by others for the use of one specific patient.
Units for autologous and directed donations are collected and processed by the American Red Cross. The blood is stored in the hospital blood bank until transfused or expired.
Arrangements for autologous and directed donations must be made through the ordering physician. Call the blood bank for more information.

7. Special orders: CMV negative red cells & irradiated red cells
   Call the blood bank to place the order.

** Albumin is available through the Pharmacy/

The blood banks routinely stock the following:
- Leukocyte Reduced Packed Cells
- Frozen Plasma
- Cryoprecipitate
- Albumin
- Rh Immune Globulin

The following are non-stock items that must be ordered from the Red Cross on a case-by-case basis. Once ordered and shipped, **they cannot be returned.** A justification for transfusion must be made at the time the product is ordered by the physician. Call the blood bank before entering the order in Meditech.
- Platelets (all types)
- Special orders such as CMV negative red cells and irradiated red cells.
<table>
<thead>
<tr>
<th>Component</th>
<th>Major Indications</th>
<th>Action</th>
<th>Not Indicated For</th>
<th>Special Precautions</th>
<th>Hazards*</th>
<th>Rate of Infusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Blood Cells, Leukocyte Reduced</td>
<td>Symptomatic anemia, febrile reactions from leukocyte antibodies</td>
<td>Restoration of oxygen carrying capacity</td>
<td>Pharmacologically treatable anemia. Coagulation deficiency</td>
<td>Must be ABO compatible</td>
<td>Infectious diseases. Septic/toxic allergic reactions. GVHD</td>
<td>Less than 4 hours</td>
</tr>
<tr>
<td>Frozen Plasma</td>
<td>Deficit of labile and stable plasma coagulation factors and TTP</td>
<td>Source of labile and nonlabile plasma factors</td>
<td>Condition responsive to volume replacement</td>
<td>Should be ABO compatible</td>
<td>Infections diseases. Allergic reactions. Circulatory overload</td>
<td>Less than 4 hours</td>
</tr>
<tr>
<td>Cryo-precipitated AHF</td>
<td>Hemophilia A, Von Willebrand's, Heparin, Factor XIII deficiency</td>
<td>Provides Factor VIII, fibrinogen, vWF, Factor XIII</td>
<td>Deficit of any other plasma protein than those enriched in Cryo</td>
<td>Frequent doses may be necessary</td>
<td>Infections diseases. Allergic reactions.</td>
<td>Less than 4 hours</td>
</tr>
<tr>
<td>Platelets, Platelet Pheresis</td>
<td>Bleeding from thrombocytopenia or platelet dysfunction abnormality</td>
<td>Improves hemostasis</td>
<td>Plasma coagulation deficits, and some conditions with rapid platelet destruction</td>
<td>Should not use some microaggregate filters. (check manufacturer's instructions)</td>
<td>Infectious diseases. Septic/toxic.</td>
<td>Less than 4 hours</td>
</tr>
</tbody>
</table>

* For all cellular components there is a risk the recipient may become alloimmunized.

Ordering Procedure:
The following must be entered into the Meditech computer system before any product can be issued.
- The product ordered (packed cells, frozen plasma, platelets, etc.)
- Date and time the product is needed
- Mnemonics have been established for all products.

If Meditech is down, follow the downtime procedures as described in the Requisitions and Reports section of this manual.
Orders for blood bank testing and transfusions should be sent to the blood bank as early in the day as possible. A full crossmatch procedure takes 1 hour for uncomplicated specimens. The nursing unit will be informed of any delay.

In case of an emergency, blood can be available within 10 minutes once a type and screen is complete.

**Release for Uncrossmatched Blood**

In an emergency, uncrossmatched blood may be released. A release form signed by the physician or physician designate must accompany the order.

**Release for Incompatible Blood**

When it is medically safe, and no other blood is available, incompatible blood may be issued with the signed approval of the physician or physician designate. A sample of the Albany Memorial form follows. A similar form is in use at Samaritan.

**Procedure for Issuance of Blood and Blood Products**

The nursing unit must enter a Blood Bank Issue/Order Requisition into Meditech. For patients being transfused at either the Albany Dialysis center or the Rubin Dialysis Center, a manual requisition containing the type of product, patient name and date of birth, and all patient demographic information must be used.

The nursing representative picking up the blood or product will follow a patient identification check procedure with the technologist issuing the blood or product. (See the nursing SOP manual.)

Blood that cannot be immediately transfused must be returned to the blood bank within 30 minutes. Blood returned after 30 minutes cannot be reissued, and may be discarded.

If Meditech is down, follow the downtime procedures as described in the Requisitions and Reports section of this manual. An addressograph label will suffice for patient identification during a downtime.

**Transport of Blood in Thermal Containers**

For patients in the operating rooms, the Albany Dialysis Center, and the Rubin Dialysis Center requiring blood that will not be transfused immediately (within 30 minutes), thermal containers with ice will be used for transport and storage. Note the following:

- 1 to 3 units may be taken at a time.
- Unused blood must be returned to the blood bank within 3 hours of issue.
Blood returned beyond the 3-hour limit will be considered waste and discarded.

**Transfusion Reactions**

If a transfusion reaction occurs, discontinue the transfusion and inform the attending physician and the blood bank immediately. Refer to the symptoms listed on the Transfusion Record accompanying every product at the time it is issued.

Send the following to the blood bank:
- Remainder of the blood with tubing attached, if available
- One red top and one lavender top specimen collected for the patient post-transfusion
- First post-transfusion urine specimen for urinalysis
- Completed yellow copy of the transfusion record

If the reaction occurs after the transfusion of more than one unit, include the blood unit numbers on the transfusion record.

**Types of Transfusion Reactions**

1. Hemolytic: The most serious reaction, it occurs as a result of incompatibility in the ABO or other blood group system. Symptoms include fever, chills, pain or pressure in the back or chest, change in color, anxiety, dyspnea. This is accompanied by the hemolysis of the transfused red blood cells, and deposition of the released hemoglobin in the renal tubules. Hemoglobinuria may appear, followed by oliguria or anuria.
2. Febrile (non-hemolytic): Chills followed by fever (increase in temperature of at least 2 degrees above the pre-transfusion temperature). It may be caused by a reaction to white blood cells or platelets in the transfused unit. Usually does not occur until the last 50 to 100 cc, or after the transfusion is completed.
5. Bacterial contamination: Bacteria can grow in blood that is not maintained at controlled temperatures. Transfusion of contaminated products can cause reactions of various types (increased temperature, low blood pressure, shock, death).
6. Overload: In compromised patients with diminished cardiac reserve, a rapid infusion of blood may expand blood volume and cause acute cardiac failure.
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Original Implementation Date: 1/2008
Section Revision Date: 1/8/08, 12/30/2011
Pathology/Cytology

General Information

Specimens must be submitted in a properly labeled container with a completely filled Department of Pathology/Cytology requisition. All specimens must be labeled with:
- Patient name
- Patient date of birth
- Hospital account number
- Type of specimen

The accompanying requisition must bear the following information:
- Patient’s name, address, age, room number and hospital account number
- Date of surgery if applicable
- Physician’s name
- Type of specimen
- Pre-op diagnosis

Label PAP smear slides with the patient’s name.

At Samaritan Hospital only, specimens are clocked in, and the patient’s name, date, type of specimen, and physician’s name are entered into the Specimen Accession Book in the histology laboratory by the person delivering the specimen.

If a Cytology or Pathology specimen is received unlabeled, the specimen will be returned to the submitting unit with a laboratory release form. The specimen must be re-submitted with the proper labeling and accompanied by the completed release form.

Specimens received Monday through Thursday with a Rush priority will be reported the following morning. Those received on Friday will be reported the following Monday morning.

Surgical Pathology

Surgical specimens received at AMH laboratory before 5 PM are processed the day received and reported the following afternoon. Specimens received after 5 PM on Friday will be reported on the following Tuesday.

Surgical specimens received at Samaritan laboratory before 5 PM are processed the day received and reported the following afternoon. Specimens received after 5 PM on Friday are processed on Sunday and reported on Monday afternoon.

Large specimens requiring detailed dissection and fixation, unusual cases, etc. may take longer. If a written report is delayed (for special stains, further study or consultation), the attending surgeon will be notified. A preliminary verbal report will be given if appropriate.

Inform the laboratory if any of the following are requested:

Rev 2012
• Cultures
• Electron microscopy
• Photographs
• Specimens to be saved or returned to patients
• Other special handling

Please note any additional testing on the requisition. Be sure that all additional testing is ordered in Meditech. Alert laboratory personnel when delivering the specimen.

**Bone Marrow**

**Bone marrows should be scheduled 45 minutes apart, and at least 24 hours in advance.** The bone marrow tray is ordered from Central Supply by the nursing unit. Cultures should be ordered in Meditech by the nursing unit. Please inform the laboratory at the time of scheduling if cytogenetics or flow cytometry have been ordered.

To schedule a bone marrow, call:
- Albany Memorial Cytology/Pathology ext. 3245 for AMH patients
- Samaritan Hematology ext. 3630 for Samaritan patients

**Frozen Sections**

Specimens for frozen section must be delivered to the laboratory immediately. A properly completed requisition must accompany the specimen. The specimen must be completely labeled.

At AMH, intraoperative consultations are delivered to the OR.
At Samaritan, intraoperative consults are phoned to the OR suite.

**Cytology**

Cytology services are available 5 days a week, Monday through Friday. PAP smear and ThinPrep kits are available from Central Supply.

**Fine Needle Aspiration**

The laboratories provide a technologist to assist in processing specimens obtained in percutaneous needle aspirations and kidney biopsies. The procedure should be scheduled no later than 2 PM. Notify the Cytology/Pathology laboratory at the appropriate hospital in advance of the time, location, and patient’s name.

**Post Mortem Examination**

The laboratory should be notified as soon as consent for the examination has been obtained. At Samaritan Hospital only, no arrangements should be made with the funeral director without consulting with the pathologist performing the exam. The clinical chart and properly completed consent form should be sent to the laboratory. Questions of particular interest and any biohazard
precautions should be communicated to the pathologist.

**Proper authorization for a post mortem exam in of utmost importance!** The surviving spouse is first in line for such authority. While the spouse is alive, siblings and children of the deceased have no legal right to consent for autopsy.

**Consent for Post Mortem Examination**

- The order of preference for next of kin is as follows:
  1. Spouse
  2. Children of age
  3. Parents
  4. Siblings
  5. Grandchildren
  6. Nieces and nephews
  7. Grandparents and other kinfolk in order of consanguinity

- If there is no surviving spouse, the “next of kin” in the same category of blood relationship follow in authority. All children have an equal voice.

- If persons of equal kinship are involved, inquire if the matter of autopsy consent has been discussed, and whether objections have been raised. If there is no objection, the signature of the oldest child or the child assuming burial responsibilities is usually sufficient.

- “In Laws” are not next of kin. Executors and administrators may not give legal permission for autopsy.

- If a legal separation exists, the spouse still retains authority for permission. If a divorce has been obtained, then the spouse has no right to consent for autopsy.

- If the next of kin is a long distance from the hospital (greater than 25 mile radius), phone call voice permission must be witnessed by two persons who will subsequently sign the autopsy consent form.

- The person who has the right to grant an autopsy also has the right to restrict it. The autopsy may be restricted as to the scope of examination, such as heart or abdomen, or restricted as to the incision employed. A note of such limitation must be recorded on the autopsy permit and the pathologist personally notified. It should be noted that unreasonable restrictions need not be promised, and may impair the pathologist from establishing a cause of death.

- A time commitment for the performance of and release of the body can only be made by the pathologist.

- If questions concerning proper authorization of a permit, or other related questions arise,
discuss the matter first with the pathologist on duty.

- If there is no specification pertaining to autopsy consent, a Health Care Proxy ends at the time of death and does not provide authorization.

** A Post Mortem Consent Form must be completed.

** Notification of the Coroner/Medical Examiner

If a death appears to be a coroner’s case, do not attempt to obtain an autopsy permit until the coroner has ruled whether or not the case is under coroner’s jurisdiction.

Admitting Office personnel will contact the coroner after consultation with the unit Director/Nursing Supervisor.

The coroner will be called in the case of:
- Patient who is dead on arrival at the hospital.
- Patient who dies as a result of a suicide, homicide or accident, regardless of the time the patient lives following injury.
- Patient dying under suspicious circumstances.
- Patient whose death is closely associated with or allegedly caused by a therapeutic substance, procedure or operation.
- Patient who expires within 24 hours of admission.

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Original Implementation Date: 1/2008
Section Revision Date: 1/8/08, 12/30/2011
Additional Testing on Previously Collected Specimens

Northeast Health Laboratories accept requests for additional testing to be performed on specimens already received in the laboratory. The laboratories accept add on requests only on those analytes that maintain their integrity during storage. Special considerations include:

- Coagulation testing may be added no more than 2 hours after collection.
- Sed rates may be added up to 12 hours after collection if the specimen has been refrigerated.
- Reticulocyte counts may be added up to 24 hours after collection.

Due to the rapid changes that occur in stored specimens, requests for addition of glucose and electrolytes cannot be honored. Addition of other chemistry analytes and serology tests depends on the stability of the analyte. Call the laboratories for specific information.

To request additional testing:

1. Contact the laboratory to determine if the add-on can be done.
2. Enter the new test into Meditech as an Add-On.

DO NOT enter an add-on as a new requisition! This will generate a request for a new collection on the patient causing unnecessary phlebotomy!

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Section Revision Date: 1/8/08, 12/30/2011
Labeling Requirements

All specimens received at Northeast Health Integrated Laboratories must be labeled with the patient’s name, the initials of the person collecting the specimen, and the date and time collected. Specimens collected for blood bank testing must also include the patient’s date of birth. **Blood bank specimens that do not include the date of birth will be rejected.**

Labels must be affixed directly to the specimen container, **not to the specimen bag.** Specimens received with labels attached to the bag will be considered unlabelled. If available, computer labels generated by Meditech should be used.

Specimens that do not meet proper labeling criteria will be rejected. The collecting unit will be notified by phone, and a redraw requested. Documentation will appear in the patient record in Meditech.

All Cytology/Pathology specimens submitted for testing must be accompanied by a properly completed paper requisition and/or Meditech Label.

See the Reasons for Rejection section in the test listings for more about specimen acceptance criteria.

NOTE: Albany Memorial Hospital accepts blood bank specimens drawn by non-hospital personnel, providing that the blood bank labeling requirements are met. Samaritan Hospital accepts blood bank specimens drawn by hospital personnel only.

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Original Implementation Date: 1/2008
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Section 3: Requisitions and Reports

Requisitions

Requisitions for all testing must be entered into the Meditech computer system. In addition to the desired tests, the date and time the specimen is to be collected, and the specimen priority must be included. If the specimen is to be collected by nursing personnel, this must be indicated during the ordering process.

When ordering coagulation testing (Pro Time, PTT), include information about any anticoagulant the patient is receiving. This information is essential for the interpretation of results and appropriate notification of critical values.

New York State regulations and reference laboratory rules require that certain tests be submitted with a special paper requisition. Pages 36 through 41 contain samples of the requisitions for Lead, HIV and Maternal Alpha Feto Protein testing. The numbered sections indicate the minimum information required to complete the requisitions. On each facing page, a key is provided to assist nursing staff in correctly filling out the requisition.

Downtime Procedures

In the event of a scheduled Meditech downtime or computer failure, the following procedures must be followed.

Requisitions

If possible, enter all test requisitions into Order Entry before the system goes down. If the specimens are to be collected on the following day, enter the date as T+1. For those specimens that will be needed ASAP, complete a three-part Interim Laboratory Request and Result Form as well as entering into Meditech. A sample of the interim form follows at the end of this section.

Once Meditech is down, enter all further orders on the interim laboratory form. The manual forms must contain the following information (addressograph stamp may be used):

- Patient name
- Patient date of birth
- Patient location
- Physician
- Tests ordered (be sure to include source for cultures)
- Date and time of collection

Orders submitted on the interim forms after the downtime begins will be entered into Meditech by the laboratory staff once the computer becomes available.
The nursing unit will notify the laboratory by phone of any STAT or timed orders. Leave the manual forms at the nursing unit’s lab order sheet for the phlebotomist.

A completed interim form must accompany all specimens collected by nursing staff, including blood specimens. Submit all three copies with the specimen. Be sure to note the time of collection for all specimens.

Interim Laboratory Request and Result Forms are available through the Northeast Health Copy Center using requisition MH-35. Order form LAB-2.

**Phlebotomy Rounds**

Regular early morning rounds will be made. Further collection rounds for routine work will be made at 1030 and 1400 (adjustments will be made as needed).

It is the nursing unit’s responsibility to notify the laboratory of any STAT or timed orders that must be drawn.

It is the nursing unit’s responsibility to notify the laboratory of all evening work that must be drawn, regardless of priority.

**Results Reporting**

STATs and critical values will be relayed by phone immediately to the nursing unit and/or manual forms or instrument print-outs will be sent via pneumatic tube to the location. The nursing unit will be notified by phone of the presence of the report.

Routine results will be delivered or sent via pneumatic tube on hand-written manual forms or original instrument print-outs. These will serve as Interim Hardcopy Reports. Once Meditech is operational, the laboratory staff will enter all results into the patient records as soon as possible.

There will be delays in the following reports until Meditech is fully operational:
- Interim reports
- Cumulative reports

If previous patient results are needed during the downtime and Patient Care Inquiry (PCI) is unavailable, they may be accessed through Master Logs at Samaritan laboratory or through microfiche available at both laboratories. Contact the laboratory if such results are needed.
Laboratory Reports

Laboratory results are immediately available in Meditech upon test result verification.

ER and Inpatient results are viewed electronically via different Meditech applications.

Outpatient reports are either mailed, faxed, printed automatically to an onsite network printer or delivered electronically via a results interface.

For locations with no online or electronic interface delivery setup, STAT reports are either printed automatically (autobroadcast) to network printers or automatically faxed upon completion. The test must be ordered as priority STAT in Meditech for autobroadcast.

For locations with no online or electronic interface delivery setup, critical values are either printed to eligible network printers or automatically faxed. All critical value results, regardless of delivery method are accompanied by verbal notification by phone that the report is being sent.

Anatomic Pathology inpatient reports are also either mailed, faxed, printed automatically to an onsite network printer or delivered electronically via a results interface.

Pathology reports for specimens received in the laboratory by 5 pm Monday through Thursday will normally be available the following afternoon. Specimens received after 5 PM on Friday will be available the following Tuesday. If a written report is delayed (for special stains, further study, consultation, etc.), the physician will be notified and a verbal preliminary report may be issued as appropriate.

Patient Care Inquiry (PCI)

Through the Patient Care Inquiry (PCI) module of Northeast Health’s Meditech computer system, physicians may gain rapid access to their patients’ records. PCI currently provides the following:

- Laboratory and radiology reports
- Historical data
- Transcribed reports of discharge summaries, history and physical, and consultations
- Medication profiles and current medication listings
- Patient demographics
- Admission information
- Insurance information

PCI is a convenient way to track the patient’s history of any testing or treatment provided at any of Northeast Health’s affiliates. PCI may be accessed through any Meditech terminal at either Albany Memorial or Samaritan Hospital.

Rev 2012
Persons using PCI must treat the information it contains with complete confidentiality.

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Section Revision Date: 1/8/08, 12/30/2011

**Section 4: Specimen Collection**

NOTE: Please check the expiration date on all collection containers and swabs. Do not use if expired. Remove all expired materials from your stock and request fresh supplies from Central Supply. Specimens received in expired containers will be rejected.

**Infection Control**

Standard Precautions should be used when handling any clinical specimen. Specimens submitted to the laboratories must be:

- Submitted in a sealed biohazard bag.
- Placed in the portion of the biohazard bag reserved for the specimen. Paperwork must be placed in the outer pocket of the bag separate from the specimen.
- Securely closed to prevent leaking (Wrapping tape around caps is NOT recommended).

**Reasons for Rejection**

As a rule, specimens submitted for testing must be:

- Labeled with the patient’s name (for blood bank testing, the patient’s date of birth and phlebotomist’s initials must be included)
- Properly filled (completely filled if for coagulation testing)
- In tightly capped containers

Rev 2012
• Clean and free of leakage or contamination
• Accompanied by a properly completed and legible requisition, or requested by electronic means
• Received with the label affixed to the specimen container (not to the specimen bag)

Requisitions entered directly into the Meditech computer system must contain:
• Patient’s name
• Location
• Hospital identification number
• Doctor’s name
• Tests required
• Date and time of collection
• Person requesting test
• Status of test (STAT, routine, etc.)

Paper requisitions must contain:
• Patient’s name
• Date of Birth
• Physician’s name
• Test required
• Date and time of collection
• Status of request (STAT, routine, etc.)

If the laboratories receive an unacceptable specimen or requisition, the submitting nursing unit will be notified. If the reason for unacceptability can be resolved, documentation will appear in the patient’s Meditech record. If it cannot be resolved, a repeat specimen will be requested, and documentation will appear in the Meditech record.

Special criteria may apply. These are stated in the individual test listings at the end of this section.

**Collection of Blood Specimens**

The use of good phlebotomy technique when collecting blood specimens will assure:
• An adequate amount of specimen for the ordered tests.
• Good quality specimens.
• Proper patient identification and error-free labeling.

To assist non-laboratory staff in obtaining top quality blood specimens, the laboratories recommend the following venipuncture procedure:

1. Positively verify the patient’s identity before performing venipuncture.
2. Position the patient comfortably with their arm extended in a relatively straight line

Rev 2012
from shoulder to wrist.

3. Have all supplies and the required tubes readily available.

4. Select a site for venipuncture.

5. Place the tourniquet 3 to 4 inches above the intended venipuncture site, then ask the patient to make a fist. AVOID flexing the fist, as flexing can produce inaccurate results.

6. Clean the site using an alcohol prep pad by wiping in a circular motion from the center and working outward. Let the site dry. If it is necessary to touch the cleansed site, do so only with a gloved finger that has also been cleansed with alcohol.

7. Enter the vein with the bevel of the needle facing up. Press the vacutainer tube onto the needle and establish a good flow of blood. NOTE: Probing with the needle on a difficult patient can cause hemolysis.

8. Allow each tube to fill completely, then remove from the needle holder and GENTLY invert 3 to 5 times. NOTE: Shaking the tubes vigorously can cause hemolysis.

9. After all tubes are filled, ask the patient to open their hand, release the tourniquet, and withdraw the needle. Place gauze over the venipuncture site and apply pressure for several minutes. Place a pressure bandage over the site.

10. Before leaving the patient’s side, label all tubes with the patient’s name, date and time of collection, and the phlebotomist’s initials. Specimens for blood bank testing must also be labeled with the patient’s date of birth.

**Order of Draw**

When drawing more than one tube, collect the specimens in the following order:

Blood culture bottles

*10ml Discard Tube (*If angiocatheter is used, or blood is taken from a port/picline)

Light blue

Red

Gold SST

Light green SST

Lavender

Dark blue

Grey

**Specimen Drawn from Above IV Sites & Indwelling Lines**

Specimens may be collected from above an IV site ONLY if there are no other alternatives.

1. Turn off or pause the IV.

2. Wait at least 10 minutes.

3. Perform the venipuncture, drawing off a 10cc white top discard tube before collecting the specimens. DO NOT submit the discard tube for testing.

When collecting specimens from an indwelling line, a discard tube must also be drawn.

NOTE: Specimen collection from indwelling lines is a specialized procedure. Collection from Rev 2012
indwelling lines is not performed by the phlebotomy staff. For discharged patients requiring collection from an indwelling line as outpatients, please schedule appointments by calling:

- Albany Memorial Hem/Onc outpatient room at 471-4409 or 471-3060
- Samaritan Treatment Center at 271-3220

**Aminoglycoside Peak and Trough Collection**

Amino glycoside levels (Gentamicin, Vancomycin) should be measured after one to three doses have been given so that the measurement is being made in a steady state.

**For Intramuscular Administrations:**
- Draw the Trough level in the hour prior to the time the next dose is due.
- Draw the peak level 45 to 60 minutes after the drug is administered.

**For Intravenous Administrations:**
- Draw the trough level in the hour prior to the time the next dose is due.
- Draw the peak level 30 minutes after the infusion is completed. Infusion should be given over 30 minutes at a steady rate.
- Note: DO NOT order the peak and trough on the same requisition.

If the laboratory phlebotomy staff will be responsible for collecting a peak level, please be sure the peak is ordered in Meditech, and call the laboratory when the infusion is nearing completion to assure that a phlebotomist will arrive at the correct time.

**HIV Collection**

According to New York State regulations, HIV testing no longer requires a code for patient identification. Northeast Health Laboratories are not anonymous collection sites for HIV testing.

For patients wishing to have HIV testing done anonymously, call the New York State Department of Health’s HIV Confidentiality Hotline at 1-800-962-5065 for site locations and appointments.

**Urine Specimens**

Testing on urine ranges from a routine urinalysis to a microbiology culture to chemistry tests on random or 24-hour collections to cytology studies.

Northeast Health Laboratories supply a Vacutainer urine collection and transport kit that contains the towelettes, specimen collection cup, and two vacutainer tubes for transport of the specimen (yellow top and gray top). NOTE: the blue screw cap on the specimen collection cup must be discarded along with other sharps.

Rev 2012
Routine urinalysis requires at least 3 ml of specimen (full tube preferred). A first morning specimen is preferred. The specimen should be submitted in the yellow top BD urine container.

Specimens for culture must be collected either by clean catch or aseptically from a catheter. When submitting the specimen for both urinalysis and culture, either a clean catch specimen, or a catheter specimen must be used. Urine for culture is submitted in the gray top tube.

Routine urinalysis specimens submitted in the gray top BD culture tube will be rejected.

Collection kits for both urinalysis and culture are available from Central Supply. Many chemistry studies require a 24-hour collection. Some analytes call for a preservative to be added to the collection container at the start of the collection. Contact the reference desk at 271-3621 for information about 24-hour urine requirements. Containers with the appropriate preservative are available from either Albany Memorial or Samaritan laboratory.

Urine for cytology must be a first morning, clean catch specimen submitted in a urine container. This specimen must be refrigerated.

As a rule, all urine specimens should be refrigerated until transported to the laboratory.

Collection instructions for clean catch and 24-hour specimens follow.

**24 Hour Urine Collection Instructions**

1. **Check with your physician first**, then, if possible, discontinue medications 48 to 72 hours before collection.

2. Maintain your normal intake of fluids during the collection unless your physician tells you otherwise.

3. Start the collection between 6am and 8am. Write the start time on the bottle label.

4. Empty the bladder and discard this specimen.

5. Begin the 24-hour collection. Save ALL urine for the next 24 hours.

6. Urinate at the end of the 24 hours and add this specimen to the collection.

7. Refrigerate the specimen during the entire 24-hour period.

8. If the container has a preservative, be careful not to get it on your skin.

9. Do not add anything except urine to the container.

10. Return the entire specimen to the laboratory.
Microbiology Specimens

Routine Cultures

Northeast Health Labs are using a color-coded swab specimen collection system. Specimens should be placed in the appropriate container as indicated on the accompanying chart. Consult the test listings in Section 5 of this manual for specific culture collection, storage, and transport information.

All specimens MUST be labeled with:
- Patient name
- Date of collection
- Time of collection

Specimens must be transported to the lab within the time limits noted in the test listings. Specimens exceeding the time limits will be rejected, and a repeat collection requested.

Be sure to use the correct media for the testing that is requested.

Throat Cultures

Collect from tonsils and/or back of throat avoiding the teeth, gums, tongue, and cheek surfaces. Collection for a Rapid Strep Screen and a culture may be done on one swab. DO NOT use a collection system that contains charcoal or a semi-solid transport medium.

Anaerobic Cultures

Specimens acceptable for anaerobic culture include:
- Normally sterile sites such as body cavity fluids.
- Abscesses.
- Surgical specimens.
- Trans tracheal aspirates.
- Urine obtained by suprapubic puncture.

Specimens unacceptable for anaerobic culture include:
- Collections from sites that normally contain anaerobic flora such as throat, mouth, cervix, vagina, lower gastro-intestinal tract, skin, and superficial wounds.
- Nasopharyngeal and gingival.
- Sputum or bronchoscopy specimens.
- Gastric or small bowel contents.
- Feces and rectal swabs.
- Colostomy stomata, ileostomy and colostomy effluents.
- Voided or catheterized urine.

Rev 2012
• Surface of decubitus ulcers, swab samples of encrusted walls of abscesses, mucosal linings of superficial wound swabs, decubitus ulcers

**Urine Cultures**

Urine for culture must be collected either as a clean catch specimen, or from a catheter using aseptic technique. Specimens for routine culture should be submitted in the gray top BD urine container. *To reduce the risk of contamination and avoid recollection requests, it is important to adhere to the guidelines using aseptic technique when collecting specimens for culture.*

**Stool**

Stool for routine culture should be submitted in transport medium or a sterile container. Submission on a swab is not accepted. Transport medium is available from the laboratory.

**Blood Cultures**

Blood cultures are collected using a two-bottle system, an aerobic (purple) and an anaerobic (red) bottle. Two bottles collected from the same venipuncture are considered to be one culture. For multiple cultures, each set should be drawn from a different venipuncture site, 15 to 30 minutes apart unless specified by the physician.

If other samples are to be drawn, collect the blood cultures FIRST. If only one bottle can be inoculated, use the purple (aerobic) bottle.

Label the vials with the patient’s name, date and time of collection, and the phlebotomist’s initials.

Mix both bottles by inverting 4 or 5 times.

**MRSA Screen**

Recommend screening sites for MRSA colonization are nares, axilla or groin swab.

**VRE Screen**

Recommend screening sites for VRE colonization are peri-rectal swab or stool.

**Routine Sputum**

Sputum for routine culture should be submitted in a sterile container. To ensure the integrity of the specimen, a gram stain is reviewed before planting. Specimens that do not pass the quality evaluation are rejected. DO NOT submit in formalin or alcohol.

Rev 2012
A first morning specimen is preferred. Instruct the patient to gargle with water immediately before collection. DO NOT USE MOUTHWASH. Cough deeply. Press the rim of the collection cup to the lower lip and expectorate sputum into it. Close the lid securely.

**Tissue, Routine**

Tissue should be submitted in a sterile container (If anaerobic culture ordered, submit in anaerobic transport container). DO NOT submit in formalin or alcohol.

**Tissue, Legionella**

Submit in a container.

**AFB and Mycology**

Urine for AFB should be a first morning specimen collected in a sterile container. DO NOT submit in the Gray top BD tube.

Sputum for AFB should be submitted in a sterile container. Minimum volume is 5 cc. First morning specimen is preferred.

Gastric specimens for AFB should be from a fasting, early morning collection.

Specimens for mycology should be submitted in a sterile container. NOTE: Northeast Health’s microbiology department performs identification of yeast only. All other positive mycology cultures are sent to the New York State Department of Health laboratories for identification.

**Occult Blood**

Send Seracult card or stool specimen to lab.

**Ova and Parasites**

Stool specimens for ova and parasites must be submitted in a preservative kit available from the laboratory. Fill each container to the line on the label with stool.

At least three stool samples should be collected at 1 to 3 day intervals.

Screening for Cryptosporidium and Giardia are performed as screening tests unless patient meets travel or immunodeficiency criteria.

**Pinworm Paddle**

Collect specimens on awakening for 3 to 6 consecutive days.

Rev 2012
Microbiology Swab Collection System

BD BBL™ CultureSwab™
BD BBL™ CultureSwab™ Plus

HOW-TO-USE

1. Peel apart the plastic film layers.
2. Remove plug from transport tube.
3. Remove swab and collect specimen.
4. Insert swab in tube and close cap.
5. Complete patient data label.

MEMBERS OF NORTHEAST HEALTH

Albany Memorial Hospital
600 Northeast Boulevard
Albany, NY 12204
518-471-3221

Samaritan Hospital
2215 Burdett Avenue
Troy, NY 12180
518-271-3300

220116 - BBL™ CultureSwab™ Plus
Amies Agar Gel - Single Swab - BLUE CAP
Vaginal, Wound and Skin - Aerobic and Anaerobic Cultures

220099 - BBL™ CultureSwab™
Liquid Stuart - Single Swab - WHITE CAP
Throat Cultures and Strep A Tests

220132 - BBL™ CultureSwab™
Liquid Stuart - Regular Aluminum Wire - ORANGE CAP
Regular Wire for Male Urethral Cultures

220133 - BBL™ CultureSwab™
Liquid Stuart - Soft Aluminum Wire - GREEN CAP
Soft Wire for Eye, Nose and Ear Cultures

Rev 2012
Stool Collection System

If the request is for...

Stool Culture
Enteric Pathogens:
Salmonella
Shigella
Campy
Yersinia
Vibrio
E. coli 0157
Shiga toxin E. coli

Transport Media Needed:

Enteric Plus
Lime Green Cap
Store at Room Temperature

Stool Collection Instructions

If the request is for...

Stool for Parasites
O&P
Amoeba
Giardia
Cryptosporidium
Microsporidium
Intestinal Parasites
Worms
Giardia/Cryptosporidium DFA

Transport Media Needed:

EcoFix ULTRA
(DARK GREEN CAP)
Store at Room Temperature

If the request is for...

C. difficile Toxins A&B
Fecal Leukocytes
Fecal WBC
Fecal Fat
Fecal ph
Fecal Chemistries
Rotavirus

Transport Needed (No Media)

Clean Container
(WHITE CAP)
Refrigerate at 2 - 8 °C

Meridian Bioscience, Inc.

3471 River Hills Dr
Cincinnati, OH 45244
800 696-0739 General Inquiries
800 543-1980 Customer Service
800 343-3858 Technical Support
513 272-5421 Fax
Cytology and Pathology Specimens

Collect the specimen according to established protocol. Place the specimen in the appropriate container as stated in the Cytology/Pathology listings in the next section of this manual.

Thin Prep and conventional PAP kits are available directly from the Cytology Section at Albany Memorial Hospital (471-3263) or Samaritan Hospital Main Lab (271-3225).

Label each container with the patient’s name, source of specimen, date collected, and the name of submitting physician. Complete a Cytology/Pathology courier requisition. Be sure to note the specimen source, date and time of collection, type of test and clinical diagnosis on the requisition. Notify the laboratory of any special handling requirements or requests (cultures, electron microscopy, photographs, etc.).

When submitting slides, write the patient’s name on the frosted end in pencil.

NOTE: Specimens for MICROBIOLOGY should be ordered in Meditech and submitted in a separate labeled container.

A Note about PAP testing: The PAP test by the Thin Prep methodology is a screening test for cervical cancer with an inherent false negative and false positive/abnormal rate. Correlation of the PAP results with clinical history and other findings is recommended.
Thin Prep Collection Instructions

**ThinPrep® Pap Test™ Quick Reference Guide**

**Broom-Like Device Protocol**

**Obtain...**

...an adequate sampling from the cervix using a broom-like device. Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently, and rotate the broom in a clockwise direction five times.

**Rinse...**

...the broom into the PreservCyt® Solution vial by pushing the broom into the bottom of the vial 10 times, forcing the bristles apart. As a final step, swirl the broom vigorously to further release material. Discard the collection device.

**Tighten...**

...the cap so that the torque line on the cap passes the torque line on the vial.

**Record...**

...the patient’s name and ID number on the vial.

...the patient information and medical history on the cytology requisition form.

**Place...**

...the vial and requisition in a specimen bag for transport to the laboratory.

*The ThinPrep Pap Test*

*Clear and simple.*

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Rev 2012
ThinPrep® Pap Test™ Quick Reference Guide
Endocervical Brush/Spatula Protocol

Obtain...
...an adequate sampling from the ectocervix using a plastic spatula.

Rinse...
...the spatula into the PreservCyt® Solution vial by swirling the spatula vigorously in the vial 10 times. Discard the spatula.

Obtain...
...an adequate sampling from the endocervix using an endocervical brush device. Insert the brush into the cervix until only the bottommost fibers are exposed. Slowly rotate 1/4 or 1/2 turn in one direction. DO NOT OVER-ROTATE.

Rinse...
...the brush in the PreservCyt Solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl the brush vigorously to further release material. Discard the brush.

Tighten...
...the cap so that the torque line on the cap passes the torque line on the vial.

Record...
...the patient's name and ID number on the vial.
...the patient information and medical history on the cytology requisition form.

Place...
...the vial and requisition in a specimen bag for transport to the laboratory.

The ThinPrep Pap Test®
Clear and simple.
Test Requirements

Test Lookup Using Meditech’s View Test Routine

Nursing staff may access information on specific laboratory tests using the View Test routine contained in the Laboratory/Phlebotomy portion of their Meditech menu.

Test Lookup Using PDF Test listing

In lieu of Meditech access, information on specific laboratory tests may be viewed on www.nehealth.com via the laboratory link.

Lab staff may also view the pdf listing on the M:Drive.

Specimen Collection and Test Requirements Reviewed by:

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Vernon Pilon, M.D., Laboratory Director, AMH

______________________________________________
Aniceto Lomotan, M.D. Laboratory Director, SH

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Warren Pabst, Administrative Director, NeH Laboratories
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