

1. Purpose:

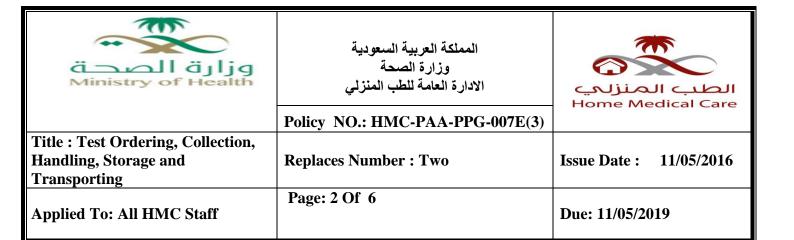
1.1. To ensure proper ordering, collection, Handling, Storage and Transportation of specimen in correct, safe and timely way in order to obtain an accurate and timely laboratory results.

2. <u>Definition:</u>

2.1. N/A

3. Policy:

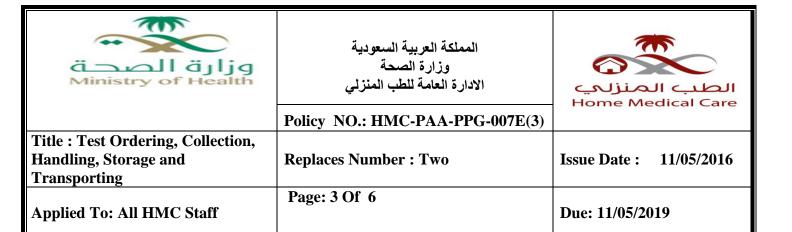
- **3.1.** Doctor's order must be taken, in verbal or written, prior to collection and test of any type of specimen whether a routine or for urgency.
- **3.2.** Correct patient identification prior to the specimen collection should be done.
- **3.3.** Only competent practitioner must obtain the specimen for test.
- **3.4.** Two (2) competent practitioners must be present for collection of specimen as witnessed by the family or caregiver.
- **3.5.** Practitioners are only allowed for two (2) attempts for each procedure, otherwise to call the case manger.
- **3.6.** Standard precautions must be practiced at all time with proper use of PPE.
- **3.7.** Aseptic and Clean Techniques must be practice when collecting specimen.
- **3.8.** Prior to the collection of specimen, patient preparation must be done accordingly.
- **3.9.** Medication must be reviewed (esp. antibiotics) prior to the collection of sample for C/S.
- **3.10.** Appropriate container must be used for the specified sample.
- **3.11.** All specimens must be properly recapped sealed. Blood tubes must be kept in an upright position before and after inoculation or collection o specimen.
- **3.12.** Pathology request must be filled and signed completely by the physician. Prior to the collection.
- **3.13.** Time and date must be filled by the practitioner who collect the test and should be signed.
- **3.14.** Every form request should be signed by HMC nurse with job number.
- **3.15.** Proper labeling for ach specimen must be done according to identified patient.
- **3.16.** Specimen must be placed in a biohazard bag and should be handled as hazardous and infectious.



- **3.17.** Proper disposal of wastes sharps must be followed according to infection control policy.
- **3.18.** All specimens should be placed in proper storage container with appropriate temperature.
- **3.19.** Storage container must be visibly clean and temperature should be maintained and recorded at all time.
- **3.20.** Storage container must be washed and properly disinfected every end of the week (Thursday).
- **3.21.** HMC staff shall dispose specimens according to infection control policy.
- **3.22.** All specimens must be delivered in timely manner and should be received and log book should be signed by the laboratory personnel who receive the samples.\
- **3.23.** Results of tests made must be followed up on time and/or accordingly by the case manger and by the physician in charge team.
- **3.24.** Critical laboratory results must be discussed with the Doctor in charge of the team or any Doctor available in the HMC in his absence.
- **3.25.** Result of tests must be reviewed and discussed in a timely manner, ONLY by the Doctor incharge of the team to the patient or to the family.
- **3.26.** Any staff exposed to biologic sample should follow infection control policy practices (such as needle stick injury and blood and body fluid exposure).

4. **Procedure:**

- **4.1. Ordering:** Patient in HMC must be evaluated routinely and/or urgency according to patients' condition as follows:
 - 4.1.1. All patients newly admitted in HMC without laboratory test or if the last test were made more than 3 months; should be discussed by the case manger to the doctor for HMC baseline.
 - 4.1.2. Stable patient in HMC must be evaluated every 3 months routinely.
 - 4.1.3. Clinically unstable patients must be evaluated according to the doctor's decision related to current compliant.
 - 4.1.4. For HYPERLIPIDEMIA patient, lipid profile test shall be done yearly or on referring doctor request .
 - 4.1.5. For DIABETIC patients, HBA1C must be evaluated every 6 months if patients are controlled.

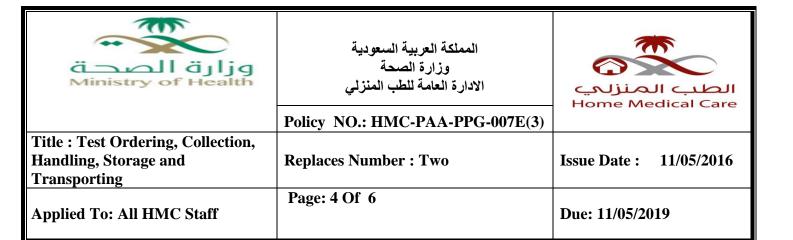


- 4.1.6. Uncontrolled Diabetes Mellitus (DM) patients, HBA1C must be evaluated every 3 months.
- 4.1.7. For patients taking DIGOXIN and PHENYTOIN, evaluation should be done every three (3) months or according to clinical symptoms.
- 4.1.8. For CARDIAC CASE patients taking DIURETICS, SERUM MAGNISIUM (MG) must be taken every 6 weeks to 3 months according to the doctor's orders.
- 4.1.9. For patients on WARFARIN, PT/INR request must be followed by case manger according to INR target or treating Doctor Order.
- 4.1.10. Specimens to be ordered according to the patient clinical signs and symptoms are as follow:
 - 4.1.10.1. Swab for Wound, eye, nose, throat and ear.
 - 4.1.10.2. Sputum for C/S.
 - 4.1.10.3. Urine Routine and C/S.
 - 4.1.10.4. Stool for Occult Blood.
- 4.1.11. The laboratory request should be dully filled and signed by the physician requesting the test prior to the collection.
- 4.1.12. In case test ordered verbally in the filled. Case manger must take note of the time of collection of the specimen and will write it down once they come back in the office.

4.2. Collection:

- 4.2.1. Patient must be informed regarding the preparation for the test prior to the collection of blood specimen.
- 4.2.2. Specimen requirement must be followed accordingly as stated by the lab agreement.
- 4.2.3. Order of collection of blood samples: (for multiple order)
 - 4.2.3.1. Culture.
 - 4.2.3.2. Citrate tube (**Blue**).
 - 4.2.3.3. Clot activator tube (**Red**).
 - 4.2.3.4. Serum separator tube (**yellow**).
 - 4.2.3.5. .EDTA (**purple**).
 - 4.2.3.6. Fluoride tube (**Gray**).

NOTE: if the CBC ordered along with PT/INR, EDTA tube should be collected first.



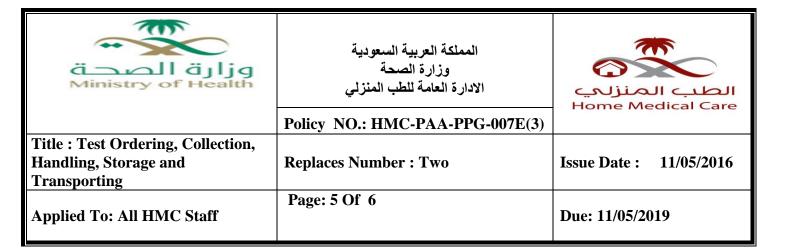
- 4.2.4. Inverting of the tubes should be done only 3-4 times per blood inoculated tube and should be placed in upright position.
- 4.2.5. Enough volume should be collected to meet the laboratory requirement for each specified test.
- 4.2.6. Swab specimen and sputum specimen collection.
- 4.2.7. Urine specimen cans collection.
- 4.2.8. Stool specimen collection.

4.3. Labeling:

- 4.3.1. Blood tube specimens, Urine specimen, Stool specimen, Sputum specimen container should be properly labeled at the time o collection with patient's name and file number using the patient identification or labels. If the addressograph not available the labels can be hand written.
- 4.3.2. Wound swap specimen should be labeled with (patient's name, file number, site).
- 4.3.3. All specimens should be cross checked for name and number and all forms should be signed by physician.
- 4.3.4. All labeled specimen should accompany the complete laboratory request forms and should be placed outside the pouch of Biohazard plastic bag.

4.4. Handling And Storage:

- 4.4.1. All specimens should be handled as hazardous and infectious.
- 4.4.2. Specimens should be handled according to recommended special transport requirement as mentioned in lab agreement.
- 4.4.3. All specimens should be placed in cool box in an upright position with a maintained temperature.
- 4.4.4. Cool box should be in safe and flat surface to prevent the box from topping down/falling over.
- 4.4.5. Blood specimen should never be refrigerated. Instead it can stay at room temperature or in temperature controlled cool box.



4.5. Transporting:

- 4.5.1. Specimen should be transported according to the recommended special transport requirement according to lab agreement.
- 4.5.2. Other specimen should be accumulated in the HMC Dispatch box after entering them in the delivery specimen log book.
- 4.5.3. Specimens should be promptly transported to the laboratory by the dispatch Nurse along with the log book.
- 4.5.4. Specimens should be handed over to the laboratory personnel in comparison to the log book with the required tests to prevent the loss of specimen.

4.6. Disposable:

4.6.1. Any specimen if no fit to process should be considered as sharps and disposed off in the sharp box including the tubes.

5. Responsibilities:

- **5.1.** Home Medical Care Practitioners.
- **5.2.** Laboratory personnel.

6. Form:

6.1. N/A

7. **Reference:**

- **7.1.** Policies and procedures guidelines of Home Medical Care Center, Home Medical Care Administration, Medina Munwara Region, 2016.
- **7.2.** Policies and procedures guidelines of Home Health Care Unit, Family and Community Medicine Department at Riyadh Military Hospitals, 2014
- 7.3. Joint Commission International Accreditation Standards for Home Care, 2012
- **7.4.** MOH Home Medical Care Standard, 2015



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11/05/2016

Policy NO.: HMC-PAA-PPG-007E(3)

Title: Test Ordering, Collection, Handling, Storage and

Transporting

Applied To: All HMC Staff

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Due: 11/05/2019

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