

Required formats/additional information for Specimen Labeling

Requirements		
Required Information	Description	Formats/Additional Information
Patient's full name (last and first)	Ensures correct patient identification	Name format: last name, first name Do not use nicknames, or initials. Use name that appears on unique identification used to identify the patient Name on requisition and specimen label must be identical Exceptions: anonymous and unidentified protocol patients.
Patient's second identifier	Ensures correct patient identification	Preferably Health Card Number, RCMP number or Military number Second identifier on requisition and specimen label must be identical. Exceptions: anonymous and unidentified protocol patients.
Date and time of collection	Identify the point in time that the specimen was collected	Date format: YYYY/MMM/DD Time format: 24 hour
Initials of the collector and a witness for Blood Transfusion Specimens	Best practice	Initials of collector and witness See Capital Health's policy CC 85-012 Blood Transfusion Specimen Collection