

Required Formats and Information for Labeling Laboratory Specimens

Required formats and Information for <u><a href="#">Labeling Specimens</a></u>		
Requirements		
Required Information	Description	Formats/Additional Information
<b>Patient's full name (last and first)</b>	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.
<b>Patient's second identifier</b>	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.
<b>Date and time of collection</b>	Identify the point in time that the specimen was collected	Date format: YYYY/MMM/DD Time format: 24 hour
<b>Initials of the collector and a witness for Blood Transfusion Specimens</b>	Best practice	Initials of collector and witness See Capital Health's policy <a href="#">CC 85-079</a> <a href="#">Venipuncture for Specimen/Blood Culture Collection</a>