

Cincinnati, Ohio

PROCEDURE NO.: SC.012

SUBJECT: Transportation of Laboratory Specimens

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Annual Review: _____

Purpose:

All laboratory blood, body fluids and tissue specimens are to be transported in a sealed secondary container¹. This is to reduce Associate and patient exposure to potentially infectious blood and body fluids and to ensure hospital compliance with CDC and OSHA guidelines for specimen transportation.

Materials Equipment & Transport Mechanisms:

1. Plastic biohazard bags with outside pocket
2. Plastic bucket or container with lid
3. Lift (dumbwaiter)
4. Pneumatic tube system
5. Hand delivered/Manual
6. Plastic carriers
7. Foam carrier liners
8. Plastic bubble wrap
9. Ice
10. Dry Ice

¹ A receptacle with which to place the primary specimen (vacutainer tube, urine collection container etc.). This container must be sealable and leak-proof as well as strong and big enough to support the size and weight of the primary container.

Procedure:

A. Immediate Response Labs of Health Alliance, LabOne Core & Outreach Facilities - Hand Delivered

1. Prepare the specimen appropriately.
2. Insert the specimen into the biohazard bag and seal closed.
3. If a requisition is accompanying the specimen, insert the laboratory requisition into the outside pouch. The specimen and requisition should not be placed together because the requisition is not considered biohazardous.
4. When computerized labels are used to label specimens, insert specimen into biohazard bag and seal it closed. Extra labels should be sent to lab.
5. Odd sized or large specimens should be placed in a jumbo ziplock bag or into a non-leaking plastic bucket with a lid. To prevent contamination of the test requisition, attach it to the outside of the secondary container.
6. Secondary containers holding visibly leaking primary specimen containers should be placed into another biohazard bag or sealed bucket before transportation. If leakage is significant and the lab results will be affected, the specimen will be rejected by the Specimen Processor and/or Medical Technologist.
7. A large batch of specimens may be transported in a sealed cooler or bucket or rack labeled "biohazard blood & body fluids." This may occur with surgical specimens, or Courier drop-offs.
8. **IRL's** should take specimens to the Central Processing area in the laboratory or if the specimen needs to go directly to a specific department, take it directly to that department. Separate Routines from Stat priority specimens. Notify Specimen Processor or Data Entry personnel of all specimens needing expedition.

Specimens such as blood bags from possible transfusion reactions, all fluids: amniotic, CSF, gastric, paracentesis peritoneal, pleural, synovial, thoracentesis must be manually transported to the lab.

9. Once specimens have been processed, those being transported to Core lab or another IRL facility, must be accompanied by a *transport list*².

² A computer generated list of specimens used for accountability between collection facility and destination facility.

Microbiology, frozen, refrigerated and room temperature specimens must be put on individual transit lists.

10. Specimens are placed into the appropriate temperature holding receptacles e.g. freezer, refig., ambient, awaiting Courier pick-up for delivery to its destination lab.
11. When Courier arrives for specimen pick up, specimens are then placed into their appropriate transport container. (Cooler with ice packs, dry ice, or plastic container for room temperature specimens.)

B. Lift (dumbwaiter) Christ Hospital Only

1. Lifts can be used to transport specimens directly from the hospital floors to the lab. All specimens must be placed in a biohazard container before transporting by lift.
2. Special tests:
 - a. Iced specimens are to be placed in a styrofoam cup and then into a bio-hazard bag and placed on the lift immediately after being drawn.
 - b. Warmed specimens such as cold agglutinins and cryoglobulins are to be transported in the heat block and hand carried to the lab immediately.
 - c. Specimens such as blood bags from possible transfusion reactions, all fluids: amniotic, CSF, gastric, paracentesis peritoneal, pleural, synovial, thoracentesis must be hand carried to the lab.

C. Immediate Response Labs - Pneumatic Tube Systems

There are several different types of pneumatic tube systems utilized within the Health Alliance. Some systems support the capability for specimen transport and others do not. Those that do not are only suitable for sending inter-departmental mail, correspondence, requisitions, etc. Those systems that are available to transport blood and body fluid specimens need to be properly prepared before tubing to the lab.

1. Specimens that **CAN** be placed in pneumatic tube:
 - a. Blood collected in vacutainer tubes (If stopper has been removed for any reason, DO NOT SEND VIA THE TUBE SYSTEM.)
 - b. Urine collected using vacutainer method
 - c. Sputum
 - d. Culturette swabs
 - e. Occult blood cards
 - f. Blood Cultures (if sent individually)
 - g. Arterial Blood Gases

2. Specimens **NOT** to be tubed:
 - a. Fluids of any kind
 - b. Feces
 - c. Blood in restoppered vacutainer tubes
 - d. 24 hour urines
 - e. Formalin and/or alcohol preserved specimens
 - f. Blood or IV bags

3. Specimen preparation:
 - a. To prevent breakage, insert specimens into biohazard bag. Place specimen into bubble wrap bag and seal by removing adhesive strip and folding top over and onto other side of bubble wrap. This will help cushion the specimen(s). Note: Some carriers contain foam rubber inserts instead of bubble wrap bags.

 - b. Roll the plastic bubble wrap to fit inside the pneumatic tube carrier.

 - c. Place any paper work in the carrier outside of the bubble wrap.

References:

1. Beyersdoerfer, B., The Christ Hospital “Use of South and West Lifts” procedure. 12/1/97
2. Beyersdoerfer, B., The Christ Hospital “Use of Pneumatic Tube Systems” procedure. 6/5/96
3. Wolterman, Deborah, The Jewish Hospital of Cincinnati, Inc.,”Transportation of Laboratory Specimens” procedure. 7/20/95
4. Committee References, The St. Luke Hospital, “Carrier Transport of Blood Specimens” procedure. 6/18/90