



6 SAMPLE ACCEPTANCE AND REJECTION CRITERIA

All Cellular Pathology request forms and specimen containers must be labelled and completed following the department of pathology sample acceptance policy.

6.1 Acceptance criteria

Cellular Pathology Request forms must have a minimum of **3** key Patient identifiers, these are:

- **Full name** (first name & surname)
- **Date of birth**
- **Hospital number or NHS Number**

Sample containers must be labelled **clearly** and **unequivocally** with a minimum of **3** key Patient identifiers, these are:

- **Full name** (first name & surname)
- **Date of birth**
- **Hospital number or NHS Number**

If the sample request form and the pot do not match the specimen will be returned which will delay TATs.

High Risk Samples

All samples that are high risk **MUST** be sent to the Laboratory double bagged and clearly labelled with “danger of infection” labels. The information should also be included in the patient clinical details.