



## 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.