SAMPLE COLLECTION MANUAL

Saideep Healthcare & Research Pvt Ltd

Viraj Estate, Tarakpur Road, Ahmednagar

Maharashtra 414001

Issue No :

Issue Date:

Copy No:

Holder's Name:

	Prepared by	Reviewed and Approved by	Issued by
Name	Labade Vanita	Dr Sahil Shaikh	Labade Vanita
Designation	Quality Manager	Lab Director	Quality Manager
Signature			
Date	16/10/2021	16/10/2021	16/10/2021

REVISION HISTORY

Issue No.	Effective date	Revision Details
1	15/10/2023	Reviewed & no change

AMENDMENT SHEET

Amend No.	Page No.	Section/Clause No./ Para / line (as Applicable)	Date of Amendment	Amendment made	Reasons For amendment	Sign of Q. Mgr.
1	18	Sr. no.15	01/05/2023	Disposal procedure of urine sample	Observation (NABL)	
2	8	Sr. no.4	20/05/2023	Instruction for GTT sample collection	Observation by NABL	
3	7	Sr. no.3	15/09/2023	Procedure for requisition of examination for OPD & IPD patient	Observation in internal audit	
4	7	Sr. no.4	15/09/2023	Information & instruction to patients (fasting duration)	Observation in internal audit	

DISTRIBUTION

Quality Manager has the master copy; a copy is photocopied from the master copy and is numbered and distributed to Laboratory by Quality Manager after stamping as “CONTROLLED COPY”.

All newly joined lab personnel should read and understand the Sample Collection Manual(SCM).A copy of the SCM is made available to the entire Lab staff as hard copy.

If a copy of SCM is required for regulatory submission to any agencies outside Lab, the same is photo copied from the master copy and stamped as “UNCONTROLLED COPY” and signed with date in the right corner of the footer and released by Quality Manager.

Whenever the revision occurs, the superseded copy will be collected from the Laboratory and Lab Director by Quality Manager. The revised copies are issued and records are maintained for the same.

TABLE OF CONTENTS		
S.N.	**TOPIC**	**PAGENO.**
1.	**List of available tests**	**6**
2.	**Consent form**	**6**
3.	**Procedure for requisition of examinations**	**7**
4.	**Information and Instructions for patients**	**7**
5.	**Information to Laboratory Technicians/Phlebotomist**	**8**
6.	**Sample collection and specimen handling:**	**10**
7.	**Processing of required specimens**	**14**
8.	**Additional considerations**	**15**
9.	**Troubleshooting guidelines**	**16**
10.	**Transportation of samples**	**19**
11.	**Receipt and handling of samples at the lab**	**19**
12.	**Sample rejection**	**19**
13.	**Reporting of results**	**20**
14.	**Retention of examined samples in lab**	**20**
15.	**Safety**	**20**
16.	**Problems**	**23**
17.	**Attachment:Forms**	**23**
18.	**Sample Rejection Criteria Chart**	**24**

Each test request which may be in the form of Doctor' s prescription or a note accepted by the laboratory for examination(s) is considered an agreement for providing medical laboratory services.

The laboratory ensures review of agreement during management review meeting so itcontinues to meet the needs and requirements of users. Reviews of agreements include allaspects of the agreement and records are maintained as minutes which also include anychanges to the agreement and any pertinent discussions. When an agreement is amended after laboratory services have commenced, the same agreement review process is repeated and amendments are communicated to all affected parties.

Agreements to provide medical laboratory services takes into account the request ,the examination and the report.

The agreement also specifies the information needed on the request to ensure appropriate examination and result interpretation.

The following conditions are met when the laboratory enters into an agreement to provide medical laboratory services:

i. The requirements of the customers and users, and of the provider of the laboratory services, including the examination processes to be used ,is defined, documented and understood in sample collection manual and SOP for examination procedures.
ii. The laboratory shall have the capability and resources to meet the requirements.
iii. Laboratory personnel shall have the skills and expertise necessary for the performance of the intended examinations as recorded in personnel files.
iv. Examination procedures selected is appropriate and able to meet the customers 'needs.
v. Customers and users are informed of deviations from the agreement that impact upon the examination results.
vi. Reference is made in the remark section of Reports, to any work referred by the laboratory to a referral laboratory or consultant.

1. LIST OF AVAILABLE LABORATORY TESTS

The list of laboratory Assays which are conducted in the Lab are available in the form of List of Assays.

2. CONSENT FORMS: The patient is guided and counseled about the laboratory investigations that are to be conducted before testing and other related information on HIV as a part of pre test counseling and consent signing before testing his/her sample for HIV. Lab also ensures post

test counseling by the treating physician based on written assurance given by the patient.

3. PROCEDURE FOR REQUISITION OF EXAMINATIONS:

- At the reception, patients is registered with information of patients' demographic details, registration date and time and any other special requirement and Bill is generated with all the details.
- The registration must also include any clinically relevant information.
- For Urgent samples: Urgent samples are marked with star in LIS and are taken for immediate processing, testing and reporting.
- If a Request for any additional examinations on samples which have already been collectedmust be directed through the Lab Director/Designee, who will in turn confirm that the sample is within the stability period and there is sufficient volume to carry out the tests.
- For OPD patient any addition of tests must be made through a new duly filled Bill.
- For IPD patient The test requisition must accompany each specimen (labeled with name and tests) submitted to the laboratory in software. This test requisition must contain the proper information in order to process the specimen.

4. INFORMATION AND INSTRUCTIONS FOR PATIENTS

For Fasting Blood Sugar:

- Advise patient to remain fasting for 10 to 12 hrs.
- Parallel urine sample should be collected for urine sugar & ketone.

For PLBS / PBBS / PDBS

- Parallel urine sample should be preferably collected for urine sugar & ketone.
- For Post Lunch / Breakfast / Dinner guide patient to take regular lunch/breakfast/dinner and also inform lab about time of collecting for PLBS/PBBS/PDBS sample (collection will be done after 2 hrs of food intake).
- Patient should take regular medicine as per physician advice.

For Glucose Tolerance Test (GTT) /Post Glucose Blood Sugar:

- Advise patient to remain fasting for 10 to12 hrs.
- Collection will be done only in lab.
- Patient should remain in lab throughout the collection.
- For GTT collection will be done as per the below table.
- Parallel urine sample should be preferably collected for urine sugar & ketone.
- Patient should take regular medicine as per physician instructions.

GTT 75 gms (Dextrose monohydrate powder in 250-300 ml water):

Sample No	State	Blood	Urine
1	Fasting	√	√
2	2 hour Post Glucose	√	√

GTT in Gestational Diabetes Mellitus 75 gms (Dextrose monohydrate powder 250-300 ml water):

Sample No	State	Blood	Urine
1	Fasting	√	√
2	1 hour Post Glucose	√	√
3	2 hour Post Glucose	√	√
4	3hour Post Glucose	√	√

For Lipid Profile:

- Advise patient to remain fasting for 10 to 12 hrs.
- Patient should take regular medicine as per physician instructions.

For T3,T4,TSH:

- Patient should be preferable fasting or at least 2 hrs fasting.
- Patient should take regular medicine as per physician instructions.

5. INFORMATION TO LABORATORY TECHNICIANS/PHLEBOTOMIST

Specimen Collection Devices

The following devices are needed for routine venipuncture and will be used in the lab for different testing:

(1) Needles: The gauge number of a needle indicates its bore size; the larger the gauge number smaller is the needle bore. Needles are available for vacutainers as well as for use with a syringe or butterfly system for single or multiple draws.

(2) Tourniquet: A constricting or compressing device used to control venous and arterial circulation to an extremity for a period of time.

(3) Alcohol wipes /swab:70% isopropyl alcohol.

(4) Gauze sponges/Cotton: for application on the site from which the needle is withdrawn.

(5) Adhesive bandages/tape–protects the venipuncture site after collection(if required).

(6) Needle disposal unit: needles should **NEVER** be broken, bent or recapped. Needles should be placed in a proper disposal unit **IMMEDIATELY** after their use.(Puncture Proof Container)

(7) Gloves: are worn to protect the patients/subject and the phlebotomist. They may be made either from latex or rubber or vinyl.

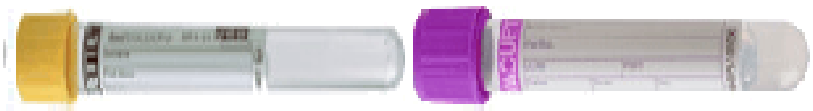
(8) Syringes: may be used in place of the evacuated collection vacutainer for special circumstances.

Sample Collection Tubes/Containers

A series of tubes with stoppers of various colors (vacutainers) and urine collection container:

Vacutainers are tubes sealed by rubber stoppers. The different colors help in identification of the vacutainer.

Details of the anticoagulants used in the different vacutainers and the testing to be done on samples collected there in have been mentioned in section 7.0



- Red :- Plain vacutainer
- Yellow :- Plain vacutainer with clot activator
- Violet/Lavender :- EDTA vacutainer

Note: Color code of the sample collection containers may change as per the manufacturersupply.

6. SAMPLE COLLECTION AND SPECIMEN HANDLING:

Pre-collection Procedure:

- Identify the patients correctly.
- Ensure availability of adequate quantity of blood collection devices.
- Ensure proper labeling procedure sand completion of demographic data in the service request slip.
- Preferred venous access site is the ante-cubital vein in the anti-cubital fossa
- Keep order of draw as mentioned in section 6.4

Identification of Primary Sample:

A properly labeled specimen is essential so that the results of the test match the patient as mentioned in Section3.0.

Collection Procedure : Samples are collected for tests mentioned in test requestion of patient. Vacutainers are labeled with barcode and name.

Blood Specimen Collection:

The venipuncture procedure is complex, requiring both knowledge and skill to perform. Each phlebotomist should follow the following essential steps to ensure successful collection of blood andurine:

- Ensure that there is only a single patient in the collection area at a time. This helps to avoid confusion and any possible errors in labeling of samples.
- Ensure patient has confirmed the demographic details on bill by signing on it.
- Check the bill for requested tests, patient information and any special requirements.(Ensure that labeling of vacutainers and urine collection container is done before the collection of the sample.)
- If a urine sample is required, ensure that the patients is sent to collect urine sample with the instruction given in section 6.3.2.
- Ask the patients to sit comfortably on the chair.
- Select a suitable site for venipuncture.
- Prepare the equipment, the patient sand the puncture site.
- Perform the venipuncture and collect samples in appropriate containers.
- Recognize complications associated with the phlebotomy procedure as mentioned in section 10.

- Assess the need for sample recollection and/or rejection.

Venipuncture Site Selection:

Although the larger and fuller median cubital and cephalic veins of the arm are used most frequently, the basilic vein on the dorsum of the arm or dorsal hand veins are also acceptable for venipuncture. Foot veins are a last resort because of the higher probability of complications.

Certain areas are to be avoided when choosing a site:

- Extensive scars from burns and surgery – it is difficult to puncture the scar tissue and obtain a specimen.
- Hematoma: may cause erroneous test results. If another site is not available collect the specimen distal to the hematoma.

Procedure for Vein Selection:

- Palpate and trace the path of veins with the fingers. Arteries pulsate, are mostly elastic and have a thick wall. Thrombosed veins lack resilience, feel cord like and roll easily.
- If superficial veins are not readily apparent, you can force blood into the vein by massaging the arm from wrist to elbow, tap the site with index and middle finger, apply a warm, damp wash cloth to the site for 5 minutes or lower the extremity over the bedside to allow the veins to fill.

Performance of Venipuncture:

- Position of patients: The patients should it in a chair with the arm being stretched outward.
- Apply the tourniquet 3–4 inches above the selected puncture site. Ensure that the tourniquet is not too tight.
- The patients should make a fist without pumping the hand.
- Select the venipuncture site.

- Using alcohol swab cleanse the site of venipuncture with a circular fashion, beginning at the site and working outward. Allow to air dry before proceeding further.
- Holding the colored needle cap, twist and remove white needle cap.
- Grasp the patient's arm firmly using your thumb to draw the skin taut and anchor the vein.The needle should form a 15 to 30 degree angle with the surface of the arm. Swiftly insertthe needle through the skin and into the lumen of the vein. Avoid trauma and excessive probing.
- Remove the needle from the arm using a swift backward motion.
- Immediately after removing needle from vein, Press down on the gauze once the needle is out of the arm, applying adequate pressure to avoid formation of hematoma.
- Ensure that the pressure is applied to the venipuncture site until the bleeding stops. The phlebotomist must not leave the patients until he has ensured that the bleeding from the site has stopped.
- The entire procedure till now should take not more than 2 minutes.
- Dispose off the contaminated materials/supplies in designated Bio waste containers as per Section9.2.
- Gently invert the tubes containing anticoagulant 8-10 times for proper mixing of blood with anticoagulant.

Urine Specimen Collection: Routine examination

- Freshly voided 10ml (5ml minimum) mid-stream urine in a screw capped container. First morning or randomly voided urine sample is suitable for most routine urinalysis.

Stool Specimen Collection :Routine examination

About 5 gm (3 gm minimum) stool in a leak-proof screw capped container.

Instructions:

- Do not urinate on the specimen.
- Do not use match box or absorbent material.
- For occult blood test – Patient should avoid meat products, pain killers, iron tablets, Vitamin C & hard tooth brush for 3day's prior to specimen collection.

Order of Draw:

The following order of draw is recommended when drawing multiple specimens for clinical lab testing during a single venipuncture. The purpose is to avoid possible test result error due to cross contaminations from tube additives.

i. Blood culture tube
ii. Coagulation tube (blue)

iii. Serum tube with or without clot activator ,with or without gel(red)
iv. Heparin tube with or without gel plasma separator(green)
v. EDTA Tube (Lavender)
vi. Fluoride Tube (Grey)

Note: Tubes with additives must be thoroughly mixed. Erroneous test results may be obtained when the blood is not thoroughly mixed with the additive.

Note: The order of draw must be displayed so it is visible to the phlebotomist.

7. PROCESSING OF REQUIRED SPECIMENS

Specimen: Whole Blood in 3.0ml lavender stopper EDTA Vacutainer for hemogram

K2 or K3 EDTA vacutainer contains EDTA as an additive which removes ionic calcium by chelation. Lack of availability of free calcium ions hinders clotting of blood.

Procedure:

Collect 2.0 ml of whole blood (or blood up to mark on EDTA vacutainer)Mix completely by inverting gently for 8-10times.

↓

No further preparation

Storage Temperature: This specimen must be stored under refrigerated condition (i.e 2 – 8 ^{0}C)(if there is a delay in the transfer of samples)

Specimen :3.5.to 4 ml whole blood in yellow/red/orange topped vacutainer for biochemistry and serology test parameters.

No anticoagulant hence facilitates serum separation.
Gel separator vacutainer contains clot activator to speed up process of clotting and a gel separator which forms an impermeable barrier between overlying serum and RBC clot at the bottom. This prevents changes in constituents of serum because of their utilization or influence on them by the formed elements of blood (mainly RBCs)

Procedure:

Collect 3.5.ml of whole blood (or up to mark on vacutainer)

↓

Allow clot to form

↓

Centrifuge for 10±2 minutes at 3500 rpm.

Storage Temperature: This specimen must be stored under refrigerated condition (i.e 2 – 8 ^{0}C) (if there is a delay in the transfer of samples)

8. ADDITIONAL CONSIDERATIONS

To prevent a hematoma

- Puncture only the upper most wall of the vein.
- Remove the tourniquet before removing the needle.
- Use the major superficial veins
- Make sure the needle fully penetrates the upper most wall of the vein. (Partial penetration may allow blood to leak into the soft tissue surrounding the vein by way of the needle bevel)
- Apply pressure to the venipuncture site.

To prevent hemolysis (which can interfere with many tests)

- Mix tubes with anticoagulant additives gently 8–10 times
- Avoid drawing blood from a hematoma
- Avoid drawing the plunger back too forcefully, if using a needle and syringe and avoid frothing of the sample
- Make sure the venipuncture site is dry
- Avoid a probing, traumatic venipuncture

Hemoconcentration

- Hemoconcentration i.e concentration of formed and dissolved elements of blood
- Due to decrease in water content of blood could be due to :
- Prolonged tourniquet application (more than 2 minutes)
- Massaging, squeezing or probing a site

Prolonged Tourniquet Application

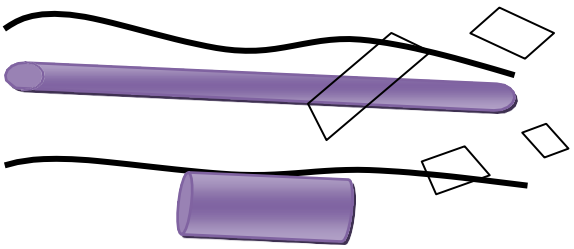
- Primary effect is hemoconcentration of non-filterable elements (i.e proteins and cells).
- Significant increases can be found in total protein,aspartate aminotransferase (AST),total lipids and cholesterol
- Affects packed cell volume and other cellular elements.

9. TROUBLE SHOOTING GUIDELINES

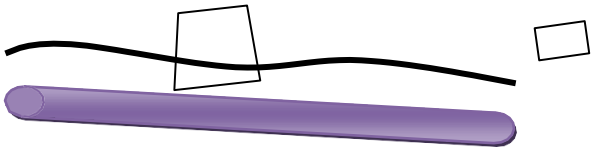
During sample collection-Phlebotomist

If blood stops flowing into the tube

Change the position of the needle. Move it forward (it may not be in the lumen) or move it backward (it may have penetrated too far



Adjust the angle (the bevel may be against the vein wall)



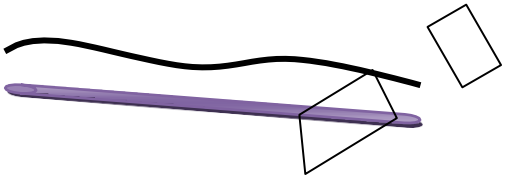
Loosen the tourniquet. It may be obstructing blood flow.

Try another tube. There may be no vacuum in the one being used.

Re-anchor the vein. Veins sometimes roll away from the point of the needle and puncture site.

Problems other than an incomplete collection

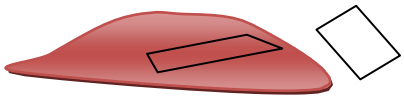
The vein may have collapsed; re-secure the tourniquet to increase venous filling. If this is not successful, remove the needle, take care of the puncture site and redraw.



The needle may have pulled out of the vein when switching tubes. Hold equipment firmly and place fingers against the patients/Subject's arm, using the flange for leverage when withdrawing and inserting tubes.

Problems other than an incomplete collection:

A hematoma forms under the skin adjacent to the puncture site – release the tourniquet immediately and withdraw the needle. Apply firm pressure. Hematoma formation is a problem in older patients/Subjects. The blood is bright red (arterial) rather than venous. Apply firm pressure for more than 5 minutes.



During sample collection–Patients Management

Dizziness: Occasionally, a few patients may become dizzy and faint at the thought or sight of blood. During the procedure ,observe for signs that the patient is feeling faint ,appears speechless or is extremely anxious about the procedure. Signs that the patients/subject is about to faint include blood draining from their face ,rapid breathing and restless movement.

Stop the procedure immediately if any of these are observed. Ask the patients/subject to lower the head and breathe slowly and deeply. Take the help of another staff member to move the patients/subject to a place where he is able to lie down .With comforting words, help the patients/subject to calm down ,apply a wet towel to the back of the neck, and offer water to the patients/subject.

Do not allow the patients/subject to leave until they have recovered completely.

Neurologic: The patients/subject may feel a sharp, electric tingling if a nerve is hit. If this happens,immediately discontinue the venipuncture and observe the patients/subject. Seizures are a rare complication. If this happens, immediately discontinue the venipuncture, call for help and do not place anything in the patients/subject's mouth.

Allergy: It is possible that patients/subjects are allergic to the solutions used to disinfect the venipuncture site. In case a patients/subject in forms you of this use an alternative disinfectant.

Petechiae: If petechiae are noticed on the skin of the patients/subject there is a possibility that they may be due to coagulation abnormalities and there is a possibility that the patients/subject may bleed excessively after collection. It is important that if these petechiae are noticed, the patients/subjectmust be asked for any history of inherited coagulation abnormalities or if he is taking any anticoagulants. Ensure that a Clinician is informed to take a decision on whether to proceed for collection of blood or not. If the patients/subject shows excessive bleeding after the blood draw, the below steps should be followed.

Bleeding: If the patients /subject has excessive bleeding after venipuncture , ensure that pressure is applied to the site till the bleeding stops and remain with the patients/subject till the bleeding has stopped.

Note: If any of the above events are observed they must be reported immediately to the Physician.

10. TRANSPORTATION OF SAMPLES

- Sample is transported in Pneumatic carrier system.
- All sample containers should be screw capped properly and the samples should be transported in upright position in sample rack / a proper transportation box with sufficient frozen gel packs.

11. RECEIPTAND HANDLING OF SAMPLES AT THE LAB

- The requisition test must accompany each specimen (labeled with name and tests) submitted to the laboratory. This bill must contain the proper information in order to process the specimen.
- If the sample shows icterus, mild hemolysis, severe hemolysis, lipaemia, clot or discrepancy in labeling ,follow "Samples rejection criteria "and record in sample rejection record register(Form02).
- Once the samples are verified with requestion test and LIS registration details, barcode labels are generated and put on screening samples (Tubes/Vacutainers / Urine containers)with details as below:
  - Sample ID
  - Name of patient, Age and Gender
  - Date and time of collection
  - Discipline
- Samples are then segregated and sent to respective sections for testing.

12. SAMPLE REJECTION:

If any samples are rejected document in sample rejection record register (Form 02)

SAMPLE REJECTION CRITERIA:

- TRF received without specimen.
- Specimen received without TRF.
- Unlabelled / wrongly labeled.
- Specimen temperature not as per requirement.
- Contaminated or leaked specimen.
- Sample received in non sterile container for culture and / or sensitivity.
- Incorrect specimen received for specified test (e.g. sample received in formalin for culture). Excess / inadequate volume
- Hemolysis, Lipemia

13. REPORTING OF RESULTS

- On Completion of testing, Results are transmitted through LIS interfaced with all analyzers or document in worksheet after review and approval by analyst and reviewed by Authorized Signatories.
- Abnormal results are highlighted as bold.
- Final Reports are approved by Authorized Signatories, QC checked and dispatched to while

maintaining TAT(TAT is same day reporting).

- Critical values are informed immediately to the Designated personnel through the mail/telephonically and documented in Critical record as per Reporting QSP.

14. RETENTION OF EXAMINED SAMPLES IN LAB

Sample retention is as per NABL 112. All samples are kept at 2-8°C for 24 hours for Hematology. 3 days for Biochemistry and serology samples from the time of blood collection to enable repetition or additional examination as requested.
Serology positive samples stored for 7 days.
PBS glass slides will be discarded on 7th day and urine glass slides discarded on same day.
Urine glass slide discarded after treatment by 1% hypochlorite.

15. SAFETY

Safety Precautions

- Practice universal precautions
- Wear gloves and a lab coat or gown when handling blood/body fluids.
- Change gloves when contaminated
- Wash hands frequently
- Dispose of items in appropriate Bio-waste containers.
- Dispose of needles immediately upon removal from the subject's vein. Do not bend break, recap or re-shield needles to avoid accidental needle puncture or splashing of contents.
- Clean up any blood spills as spill management procedure.
- If you injure yourself with a contaminated needle: remove your gloves and dispose them properly. DO NOT REFLEXLY PUT FINGER IN MOUTH. Wash the area well with soap and water. Follow the procedures to be taken in case of Needle stick injury as per Needle stick injury SOP.
- The use of prophylactic zidovudine following blood exposure to HIV has shown effectiveness (about79%) in preventing seroconversion.

Safe Disposal Procedure

- Dispose needles immediately upon removal from the subject's vein. Do not bend, break, recap or reheat needles to avoid accidental needle puncture or splashing of contents.
- Urine Samples are taken to discard in dirty utility area, simultaneously urine samples and freshly prepared 1 % sodium hypochlorite is poured in the sink.
- Dirty utility area sink is connected to ETP plant for further treatment of waste.

Biowaste Management: As per Bio-Medical Waste Management 2016, (Amendment) Rules2018 and updated for COVID by MPCB done by authorized technician in lab.

Disposal of Bio Medical Waste (BMW):

i. Treatment outside laboratory premises
ii. Treatment in side laboratory

i. **Treatment outside laboratory premises:**

The laboratory has documented contract with a licensed BMW Management Contractor (M/S BioClean System India Pvt Ltd) as per the local, regional or national guidelines. The laboratory follows the protocols laid by the contractor regarding segregation of waste. This is also displayed in colored posters at different sites of BMW generation for ready reference of the staff. BMW ispicked up M/S Bio Clean System India Pvt Ltd and records maintained in Format provided by M/S Bio Clean System India Pvt Ltd(attached).

ii. **Treatment in side laboratory**:

- **Infectious microbiology waste** – All infectious waste is autoclaved before disposal. Biohazardous waste decontamination cycle parameters in an autoclave are set at 121°C temperature and 15psi pressure for 60 minutes. (Ref-BMW management guidelines 2016).Records is maintained in Form 03.
  Biological Indicator will be performed weekly once and monthly efficacy of biological indicator.
- **Routine Test:** A chemical indicator strip or tape that changes color when a certain temperature isreached is used to verify that a specific temperature has been achieved. It may be necessary to use more than one strip over the waste package at different locations to ensure that the inner content of the package has been adequately autoclaved. The operator of a bio medical waste treatment facility conducts this test during autoclaving of each batch and records in Form 03.
- Sterilization process monitoring of lab autoclave is done by using biological indicator containing 10^5 spores of bacillus stearothermophilus once weekly (ie on 4th 11th 18th 25th day of each month) record maintained.
- Before this efficacy of biological indicator is tested once a month (on the first day of each month) and record is maintained.
- Other samples are treated with 1% fresh hypochlorite solution for 30 min. This can then be poured down the drain in running water.

Colour Coding	Type of Container	Waste Type
Yellow	Plastic bag	Solid waste contaminated with blood or body fluids which can be incinerated. Ex. Soiled Cotton, alcohol swab, bandage ,masks , caps, Spatula ,soiled tissue etc.
Yellow	Plastic bag (Separate bag)	Solid waste contaminated with blood or body fluids which can be incinerated. Ex. syringes, vacutainers ,cannula, Riavials, Card Kits, Micro tips etc.
Red	Plastic bag	Solid waste contaminated with blood or body fluids which can be autoclaved and Shredded. Ex. Gloves and empty reagent plastic bottles etc.
Blue /White Translucent	Plastic container /puncture proof Container with 1%SodiumHypochlorite solution.	Sharps such as needles, luer adapters, glass slides, cover slips, broken glass etc.
Black	Plastic bag	General non-biological waste which is not Contaminated with blood and body fluids.

SPILL MANAGEMENT

In the event of a spill of infectious or potentially infectious material, the following spill clean-up procedure should be used.

- Barraged the area. Identify the spill kit.
- Wear gloves and protective clothing, including face and eye protection if indicated.
- Cover the spill with absorbent material like cloth or paper towels to contain it.
- Pour freshly prepared 1% Sodium Hypochlorite over the paper towels and the immediately surrounding area.
- Pour 1% Sodium Hypochlorite concentrically beginning at the outer margin of the spill area, working toward the centre.
- Let it remain for 20-30 min.
- Remove the absorbent material with gloved hands and discard in yellow bag.
- If there is broken glass or other sharps involved, use a dustpan or a piece of stiff card

board to collect the material and deposit it into a puncture-resistant container for disposal.

16. PROBLEMS

- If any errors or incomplete data with regard to patient demographics is found on requisition test, the accession personnel will be informed telephonically/email.
- Complaints/feedback ,if any for the lab may be sent voice mail/telephonically/through forms. Any further information regarding the test results or procedure can be sought from the lab over email or telephonically.
- On receiving the complaint, the lab follows Complaint management QSP.

17. ATTACHMENTS

Annexure: None

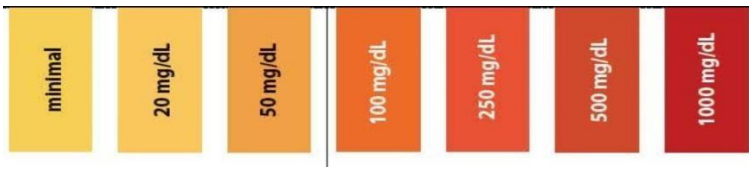
Forms:

Form SD/MRD-07: HIV Consent & Post Test Counseling
formForm02:Sample Rejection Record
Form03:Autoclave Record
Form 04: Sample storage record
Form 05: Sample discarding record
Form 06: Slide discarding record
Form 07: Clinical feedback form for laboratory services

18.SAMPLE REJECTION CRITERIA CHART

1. TRF received without specimen.
2. Specimen received without TRF.
3. Unlabelled/wrongly labeled.
4. Specimen temperature not as per requirement.
5. Contaminated or leaked specimen.
6. Sample received in non sterile container for culture and/or sensitivity.
7. Incorrect specimen received for specified test(e.g. sample received in formalin for culture).
8. excess/inadequate volume:

9. HEMOLYSIS:



a. Hb 20 mg/dL:-Parameters significantly affected (D.BilandSr.Potassium)
b. Hb 50 mg/dL:-Parameters significantly affected (AST,IRON,LDH)
c. Hb 250 mg/dL:-Parameters significantly affected (CK,T.Prot,Mg,TGL,IBCT,GGT)

10. LIPEMIA:

In whole blood samples, only at triglyceride concentrations above 1000 mg/dl turbidity can be detected by visual inspection.

Lipemia in plasma or serum is visually observed at triglyceride concentration above 300 mg/dL