Purpose:

To provide Microbiology specimen rejection criteria and the procedure to follow when rejecting specimens for process.

Procedure:

When it is determined that a specimen is not suitable for processing, following the specimen rejection criteria listed below,

1. Document the receipt of the specimen in LIS (as specimen "received")
2. Enter the appropriate LIS QA code (listed below) into the QA field in LIS order/entry screen result the report in LIS with the appropriate resulting message (listed below)

For irretrievable or sterile samples or any STAT sample requests rejected:

- Tissues
- Sterile fluids (CSF, Blood culture, body fluids)
- STAT requests
- Donor samples

Note: If you are unsure about a sample, please contact the charge or microbiologist for advice.

3. Notify the ward/sender by telephone immediately
4. Document the telephone message in the LIS with the name of the person accepting the call After 3 attempts, forward the problem to the senior or charge technologist. Save the specimen in the problem basket or senior basket until the sender can be reached.

Specimen Rejection Criteria

Leaking Specimens

Leaking specimens pose a problem in microbiological specimens:
1) they may be an infectious hazard to those handling the specimen
2) they may provide misleading result if they are contaminated and the contaminants are interpreted as pathogens

- Leaking specimens are not routinely processed in Microbiology
- The ward is notified immediately by telephone; reason for rejection and the name of the person accepting the telephone notification is documented in the computer.
- LIS QA Code: LEAK
- LIS Report Comment: Specimen leaked in transit. Informed …… on … floor. Culture not done.
  DO NOT remove the specimen from the biohazard bag when accessioning.
- Irreplaceable specimen may be processed but a comment is added to the report indicating possible contamination.
  In a biological safety cabinet, open the biohazard bag and place the specimen onto paper towels and spray the specimen with VIRALEX. Leave for 5 minutes. Plant the specimen and then place the specimen into a new clean biohazard bag. Change gloves.

Unlabeled / Mislabeled Specimens

Unlabeled and mislabeled specimens are not routinely processed in the Microbiology Laboratory.

1) The ward is notified immediately by telephone; reason for rejection and the name of person accepting the telephone notification is documented electronically.
2) send a final report the reason for rejection and attempts made to notify the ward and file an incident report internally. See tables below for details regarding comments to append.
3) keep the specimen in the problem basket for a week,

If the specimen is "irreplaceable" and doctor requests lab to proceed with testing,

- the microbiologist must speak to the doctor and/or nurse who collected the specimen or was present during the procedure prior to approving.
- It is essential to obtain an accurate matching description of the specimen and container, as well as an explanation of how the doctor/nurse is able to verify.
- The doctor/nurse has to accept responsibility for the specimen. Record the information on the report – full name, position, time, and date.
  - If testing is approved by microbiologist, see **Appendix A**

Labelled specimens without requisition

Labelled specimens received without a requisition will be accepted provided the health care provider can be identified and the laboratory, in consultation with a member of the health care team, can develop a requisition. If the provider cannot be identified, the specimen shall be rejected.

Wrong Transport Media

Specimens collected in the wrong transport media will be rejected. Bacteria, viruses and other microorganisms require specific transport media to be viable for certain tests. If an incorrect media is used, the test will be cancelled, specifying which transport media is to be used.

CRITERIA	REPORT COMMENT	LIS QA Code
Unlabelled specimen with requisition or HIS order (for specimen that can be replaced)	"No specimen with this patient's name was received. Please repeat if necessary. Informed…… on ……ward."	UNLB
Unlabelled specimen with requisition or HIS order (for specimen that **cannot** be replaced)	"No specimen with this patient's name was received. Test was performed on the unlabelled specimen. Informed…… on ……ward. Results should be interpreted accordingly."	UNLB
Unlabelled specimen **without** requisition or HIS order	If there is an incomplete name or initial on the specimen, enter into the LIS and result as "Specimen not labeled" and keep the specimen in the problem for 48hrs.	UNLB
Mislabeled specimen (for specimen that can be replaced)	"The specimen received with this order/requisition is labeled with another patient's name and has therefore not been processed. Informed …… on ……ward."	MSLB
Mislabeled specimen (for specimen that **cannot** be replaced)	"The specimen received with this order/requisition is labeled with another patient's name. Test was performed on the mislabeled specimen. Informed …… on …..ward, results should be interpreted accordingly."	MSLB

Other Specimen Rejection Criteria by Tests

SPECIMEN TYPE	TEST	REJECTION CRITERIA	REPORT COMMENT (LIS Result Code)	LIS QA Code
STOOL	C&S	• Not submitted in enteric pathogen transport media.	• Specimen not received in enteric transport medium.	WTPM
		• Patient admitted for 72 hours or more.	• "This specimen was not cultured for community acquired enteric pathogens because the patient has been hospitalized for 3 or more days. Discuss with the Medical Microbiologist if necessary."	>72H
		• Multiple specimens collected from the same in-patient the same day (only one specimen per patient per test per day is to be processed).	• "This specimen has not been processed as a specimen submitted from the same day has already been processed."	RPTS
		• Stools from outpatients often arrive in batches and are usually a series taken from separate days. Process the most recent sample and reject the others.	• "Multiple specimens received. Only the most recently collected specimen has been processed."	RPTS
		• All formed stools except when *S. typhi* requested.	• "Formed stool received. Test cancelled."	UNST
		• Stool sample in Cary-Blair transport medium with yellow indicator indicating failure of the buffering system to maintain a neutral pH.	• "This specimen was not processed as the transport medium failed to stabilize the specimen and maintain a neutral pH."	UNST
STOOL	O&P	• Not submitted in SAF container	• "Specimen not received in SAF (fixative for	WTPM

SPECIMEN TYPE	TEST	REJECTION CRITERIA	REPORT COMMENT (LIS Result Code)	LIS QA Code
		• Patients who have been admitted more than 72 hours	parasite)." • "This specimen was not processed for community acquired enteric pathogens because the patient has been hospitalized for 3 or more days. Discuss with the Medical Microbiologist if necessary."	>72H
STOOL	*C. difficile* toxin	Submitted in enteric pathogen transport medium or SAF container.	Not processed. Specimen received in enteric pathogen transport medium. Unsuitable for *C. difficile* testing. If testing is still required, please submit a stool specimen in a sterile container	WTPM
	C. difficile toxin (cont'd)		**OR** Not processed. Specimen received in SAF (fixative for parasite). Unsuitable for *C. difficile* toxin testing. If testing is still required, please submit a stool specimen in a sterile container	WTPM
		Formed Stool	Not processed. Formed stool received. Test cancelled.	
		Rectal Swab	Not processed. Rectal swab received; unsuitable for testing. If testing is still required, please	

SPECIMEN TYPE	TEST	REJECTION CRITERIA	REPORT COMMENT (LIS Result Code)	LIS QA Code
			submit a stool specimen in a sterile container	
		Negative within 7 days	"This patient has tested negative for C.difficile toxin B gene within the past week. A single negative test is sufficient to rule out C.difficile. If you believe your patient has developed diarrhea due to C.difficile since the previous negative result and would like repeat testing, please contact the Microbiologist-on-call."	
	C. difficile toxin (cont'd)	Positive within 15 days	"This patient has tested positive for C.difficile toxin B gene within the past 15 days. Do not repeat C.difficile toxin testing unless the patient has received a full course treatment (14 days) and has developed recurrent symptoms of C.difficile. Repeat C.difficile toxin testing is not indicated in patients who have clinically responded to treatment."	
		Indeterminate within 7 days	This patient has tested indeterminate for C.difficile toxin B gene within the past week.	

SPECIMEN TYPE	TEST	REJECTION CRITERIA	REPORT COMMENT (LIS Result Code)	LIS QA Code
			Indeterminate results indicate either detection of low levels of C.difficile toxin B gene or a false positive result. If your patient has signs/ symptoms consistent with C.difficile infection, an indeterminate result most likely reflects a low level positive result and the test does not need to be repeated. If you would like repeat testing for another reason, please contact the Microbiologist-on-call.	
		Interfering substance	Not Processed. Due to the presence of interfering substance(s) in the specimen, the presence or absence of C. difficile target DNA could not be determined. If testing is still required, please submit a new stool specimen in a sterile container	
Foley catheter tips and ETT tips (adult)	C&S	Unsuitable specimen	"Specimen unsuitable for culture…. because of….add qualifier."	UNST
SPUTUM	C&S	> 25 squamous epithelial cells/lower power field except from PMH patients.	"Greater than 25 squamous epithelial cells per low power field."	

SPECIMEN TYPE	TEST	REJECTION CRITERIA	REPORT COMMENT (LIS Result Code)	LIS QA Code
Urine	C&S	• Condom catheter	• "Specimen unsuitable for culture because the specimen appears to be a condom catheter urine. **}COND**	• UNST
		• Foley catheter tips and bags	• "Specimen unsuitable for culture because the specimen appears to be a Foley catheter tip or bag." **}CATH**	• UNST
		• Leaking specimens	• "Specimen unsuitable for culture because the specimen is leaking." **}LEAK**	• LEAK
		• Inappropriate/swab/non-sterile container	• "Specimen unsuitable for culture because the specimen was received in a non sterile container. **}NOST**	• UNST
		• >24 hr delay before specimen received (in Sterile Specimen Container)	• "Specimen was received in the lab >24 hours after it has been collected; unsuitable for culture." **}>24H**	• DLAY
		• >48 hr delay before specimen received (in Urine C&S Preservative tube.	• "Specimen was received in the lab >48 hours after it has been collected; unsuitable for culture." **}>48hr**	• DLAY
		• Duplicate specimens (more than one processed urine within 24 hrs)	• "This is a duplicate order. This test has been cancelled. Please refer to test results on identical sample type collected on same date." **}DUPL**	• RPTS
		• Insufficient quantity received in the Urine C&S Preservative tube.	"Insufficient quantity of	• UNST
		• Specimen received in the		• UNST

SPECIMEN TYPE	TEST	REJECTION CRITERIA	REPORT COMMENT (LIS Result Code)	LIS QA Code
		wrong tube.	urine received. Please fill grey top tube with urine to the indicated line. Suggest repeat specimen if clinically indicated." **}INSG** • "Specimen received in wrong tube for C&S testing. Please submit urine in grey top tube that specifies "Urine C&S Preservative" and fill to the indicated line." **}WRNG**	
Dry Swabs	C&S	If received in the lab >1 hour after collection.	"Specimen not received in transport medium and was in transit for > 1 hour." **Spec}DRY**	WTPM
Blood cultures, tissues, sterile body fluids	C&S	If received in the lab >48 hours after collection. If received in expired blood culture bottle	Process specimen. Enter Report Comment: "Specimen was received in the lab >48 hours after it has been collected; results should be interpreted accordingly." **}>48H** Process specimen. Enter comment: Specimen received in expired container; results should be interpreted accordingly.	DLAY
All specimens **other than** urine, blood cultures, tissues	C&S	If received in the lab >48 hours after collection.	"Specimen was received in the lab >48 hours after it has been collected; unsuitable for	DLAY

SPECIMEN TYPE	TEST	REJECTION CRITERIA	REPORT COMMENT (LIS Result Code)	LIS QA Code
sterile body fluids			culture."**}>48hr**	
All specimen types except : • Tissue • Sterile body fluid • Brain and liver abscess • Aspirated pus • Bone and soft tissue biopsies with diagnosis of gas gangrene, narcotizing fasciitis or narcotizing cellulitis	Anaerobic culture	Not submitted in special anaerobic transport media.	"No anaerobic swab received; anaerobic culture not done."	WTPM
BLOOD	CMV antigenemia Assay	-Not submitted in EDTA (purple top) -Clotted blood (inadequate mixing of anticoagulant after collection or red top tube) - Extremely low leukocyte counts or insufficient volume (generally <2 mL) - More than 3 samples from the same person in the same week, unless authorized	"CMV Antigenemia cannot be processed on red top tubes. Please collect blood in an EDTA (lavender top) tube." "Insufficient white blood cells to perform test." "This specimen was taken too soon after the previous one, therefore not processed for virology. Please refer to previous specimens."	WTBE WNST RPTS
All specimen types (unless	Virology: PCR assay	-Specimens collected in SAF, Enteric, charcoal,	"Specimen received in unsuitable transport	WTPM

SPECIMEN TYPE	TEST	REJECTION CRITERIA	REPORT COMMENT (LIS Result Code)	LIS QA Code
otherwise authorized)		Amies/eswab or other non-viral transport media.	media therefore not processed for Virology."	
Serum/Plasma	Architect Serology	-Grossly hemolyzed samples	**@8GRH** "Specimen was grossly hemolysed, unsuitable for testing"	8QCOM

Appendix A – Processing irreplaceable specimens that have been unlabeled/mislabeled.

Ensure request to reassign has been approved by medical microbiologist.

1) Document name of physician/delegate requesting
2) Document name of approving medical microbiologist
3) Create correct accession number
4) Relabel aliquots including freezer vials
5) If no results have been released yet, proceed with testing and reporting
    a. Cancel the error accession number
    b. Proceed with testing and reporting on correct accession number
6) If result has been released and the lab receives a request to reassign the result to correct patient,
    a. Correct the report on the error accession number with comment

    Please disregard the previous result of "_____" as this result does not belong to this patient.

    b. Move result to the correct accession number
    c. Document on the back of workcard with comment

    The specimen received was labeled with another patient's identifiers, but was collected from [correct patient name and MRN] by [healthcare worker name] as verified by [healthcare worker name]. Results initially reported under accession ___ have been transferred to accession ____. Approved by medical microbiologist

d. Inform wards/MOH/IPAC as appropriate and document

e. Inform LIS team to ensure all results transferred to OLIS

7) File incident report

Record of Edited Revisions

Manual Section Name: Specimen Rejection Criteria

Page Number / Item	Date of Revision	Signature of Approval
Page 1 procedure added	November 19, 2004	Dr. T. Mazzulli
Page 3 Unlabelled/mislabeled specimen categories added	November 19, 2004	Dr. T. Mazzulli
Page 4 Blood and sterile sites new	November 19, 2004	Dr. T. Mazzulli
Stool C&S modified (transfer from Enterics Manual)	March 27, 2004	Dr. T. Mazzulli
Virology acceptable times changed	January 27, 2005	Dr. T. Mazzulli
Annual Review	July 23, 2006	Dr. T. Mazzulli
Expand C. difficile toxin criteria	May 15, 2007	Dr. T. Mazzulli
Annual Review	August 13, 2007	Dr. T. Mazzulli
Annual Review	May 31, 2008	Dr. T. Mazzulli
Annual Review	May 31, 2009	Dr. T. Mazzulli
Annual Review	May 31,2010	Dr. T. Mazzulli
Annual Review	May 31, 2011	Dr. T. Mazzulli
Annual Review	May 31, 2012	Dr. T. Mazzulli
Added insufficient specimen in urine preservative tube	November 9, 2012	Dr. T. Mazzulli
Added Urine tubes other than urine preservative tube	November 9, 2012	Dr. T. Mazzulli
Annual Review	May 31, 2013	Dr. T. Mazzulli
Annual Review	May 09, 2014	Dr. T. Mazzulli
Added: C.diff indeterminate within 7 days & Interfering substance Removed: WNV IgM and IgG serology (no longer done) Annual Review	March 26, 2015	Dr. T. Mazzulli
Annual Review	March 26, 2016	Dr. T. Mazzulli
Addition of architect grossly hemolyzed rejection for serum/plasma samples	August 10, 2016	Dr. T. Mazzulli
Added note in procedure for steps if unable to reach ward/sender after 3 attempts. Updated MSH logo in header	December 5, 2016	Dr. T. Mazzulli
Annual Review	March 26, 2017	Dr. T. Mazzulli
Annual Review	March 30, 2018	Dr. T. Mazzulli

Page Number / Item	Date of Revision	Edited by:
Updated Cdiff rejection comments	Nov 25, 2020	Jessica Bourke
Updated BC received in expired culture bottle	Jan 27, 2021	Dorna Zareianjahromi
Added note regarding labeled specimens without requisition	Feb 12, 2021	Dorna Zareianjahromi
Added note for irreplaceable specimens “results should be interpreted accordingly.”	Mar 30, 2021	Wayne Chiu
Minor formatting changes made	April 11, 2021	Jessica Bourke
Added appendix A – reassigning results from mislabeled specimen	May 19, 2021	Wayne Chiu

Added note regarding relabeling aliquots and notifying LIS when processing mislabeled irretrievable samples	May 20, 2022	Wayne Chiu
Update condom catheter urine unsuitable specimen LIS code from UNST to COND correct code. Updated DUPL comment code.	August 19, 2022	Jessica Bourke