Specimen Processing Log

Meridian Regional Clinical Laboratory — Central Receiving & Accessioning

Daily Accession Record — Specimen Receipt, Condition Assessment, and Rejection Tracking

Log No.:	SPL-2026-0714-D	**Date:**	Tuesday, 14 July 2026
Shift:	Day Shift (0700–1500)	**Accessioning Station:**	Station 2 — Central Receiving
CLIA ID:	22D-1147982	**Laboratory Director:**	Dr. Alina Petrov, MD
Technologists on Duty:	J. Mercer (0700–1500), R. Padilla (0700–1130)	**Reviewing Supervisor:**	T. Osei, MLS(ASCP)

This log records every specimen received at Central Receiving during the shift identified above, from arrival at the pass-through window through barcode accessioning into the laboratory information system (LIS). Collection and receipt times, specimen condition on arrival, and any rejection determinations are captured at the point of accessioning per SOP-LAB-014 (*Specimen Receipt and Acceptability Criteria*); the rejection reason codes used below are defined in Section 2. Patient medical record numbers and names are recorded against each accession in the LIS but are suppressed on this printed log per the department's HIPAA minimum-necessary handling policy — specimens are traceable to their patient record by accession number only, cross-referenced through the LIS audit trail.

34	29	5	38 min
Specimens Received	Accepted (85%)	Rejected (15%)	Median Collect → Accession

1 Specimen Accession Log

Accession numbers follow the site's Julian-date scheme (`YYDDD-NNNN`): 14 July 2026 is the 195th day of 2026, so every specimen logged on this shift carries the prefix `26195-`. Collected and Received times are entered by the phlebotomy team and the accessioning technologist respectively; a Collect → Receive interval beyond 30 minutes for an in-house draw, or beyond 60 minutes for a courier delivery, triggers a transport-time review per SOP-LAB-014 §4.2. Rows flagged **Rejected** reference the reason code defined in Table 2.

No.	Coll.	Recd.	Specimen Type	Source	Pri.	Condition on Receipt	Tech
26195-0087	07:02	07:11	SST	Rt. antecubital venous	R	Acceptable	JM
26195-0088	07:04	07:13	Lav. EDTA	Rt. antecubital venous	R	Acceptable	JM
26195-0089	07:05	07:14	Lt. blue citrate	Rt. antecubital venous	R	Acceptable	JM
26195-0090	07:10	07:22	Urine cup	Clean-catch midstream	R	Acceptable	RP
26195-0091	07:18	07:26	SST	Lt. antecubital venous	S	Acceptable	JM
26195-0092	07:18	07:26	Lav. EDTA	Lt. antecubital venous	S	Acceptable	JM
26195-0093	07:25	08:41	SST	Courier — Nimbus Family Clinic	R	Rejected — **R6**	RP

continued on next page

Specimen Accession Log (continued)

No.	Coll.	Recd.	Specimen Type	Source	Pri.	Condition on Receipt	Tech
26195-0094	07:31	07:38	Blood culture, 2 bottles	Peripheral IV — Lt. hand	S	Acceptable	JM
26195-0095	07:40	07:47	Gray fluoride	Rt. antecubital venous	R	Acceptable	JM
26195-0096	07:44	07:52	Lav. EDTA	PICC line — Rt. arm	R	Acceptable	RP
26195-0097	07:50	07:58	Wound swab	Sacral wound, Stage II	R	Acceptable	JM
26195-0098	07:56	08:05	SST	Rt. antecubital venous	R	Acceptable	JM
26195-0099	08:03	08:10	Lav. EDTA	Rt. antecubital venous	R	Acceptable	JM
26195-0100	08:09	08:18	SST	Lt. antecubital venous	R	Rejected — **R2**	JM
26195-0101	08:15	08:24	Urine cup	Indwelling Foley catheter	R	Acceptable	RP
26195-0102	08:22	08:29	Lt. blue citrate	Rt. antecubital venous	S	Acceptable	JM
26195-0103	08:30	08:39	Lav. EDTA	Rt. antecubital venous	R	Acceptable	JM
26195-0104	08:37	08:45	SST	Central line — subclavian	R	Acceptable	JM
26195-0105	08:44	08:52	Green heparin	Rt. antecubital venous	R	Rejected — **R4**	RP
26195-0106	08:50	08:58	Stool O&P kit	Patient-collected, home kit	R	Acceptable	JM
26195-0107	08:58	09:07	SST	Rt. antecubital venous	R	Acceptable	JM
26195-0108	09:05	09:13	Lav. EDTA	Rt. antecubital venous	R	Acceptable	JM
26195-0109	09:12	09:20	Nasopharyngeal swab	Nasopharynx, bilateral	S	Acceptable	RP
26195-0110	09:20	09:29	SST	Lt. antecubital venous	R	Acceptable	JM
26195-0111	09:28	09:36	Blood culture, 2 bottles	Arterial line	S	Acceptable	JM
26195-0112	09:35	10:52	Lav. EDTA	Courier — Apex Urgent Care	R	Rejected — **R1**	RP
26195-0113	09:44	09:52	SST	Rt. antecubital venous	R	Acceptable	JM
26195-0114	09:52	10:00	Lav. EDTA	Rt. antecubital venous	R	Acceptable	JM
26195-0115	10:03	10:11	Urine cup	Clean-catch midstream	R	Acceptable	JM
26195-0116	10:14	10:22	Lt. blue citrate	Peripheral IV — Rt. hand	R	Acceptable	JM
26195-0117	10:25	10:33	SST	Rt. antecubital venous	R	Rejected — **R7**	JM
26195-0118	11:40	11:48	Lav. EDTA	Heel stick — infant	R	Acceptable	JM
26195-0119	13:10	13:18	SST	Rt. antecubital venous	S	Acceptable	JM
26195-0120	14:47	14:53	Lav. EDTA	Lt. antecubital venous	R	Acceptable	JM

Pri. column: R = Routine, S = STAT. Specimen type abbreviations: SST = serum separator tube; Lav. = lavender-top; Lt. blue = sodium citrate; Gray = sodium fluoride/potassium oxalate; Green = lithium heparin.

2 Rejection Reason Codes

Every specimen rejected at accessioning is logged against one of the nine standardised reason codes below, defined in SOP-LAB-014 Appendix B and mapped to CLSI specimen-acceptability guidance [Clinical and Laboratory Standards Institute, 2017, 2018]. *Critical* codes represent an identification or integrity failure with direct patient-safety implications and permit no exception; the specimen is discarded regardless of clinical urgency and a redraw is requested immediately. *Moderate* codes may be resolved by pathologist consultation for irreplaceable or time-critical specimens.

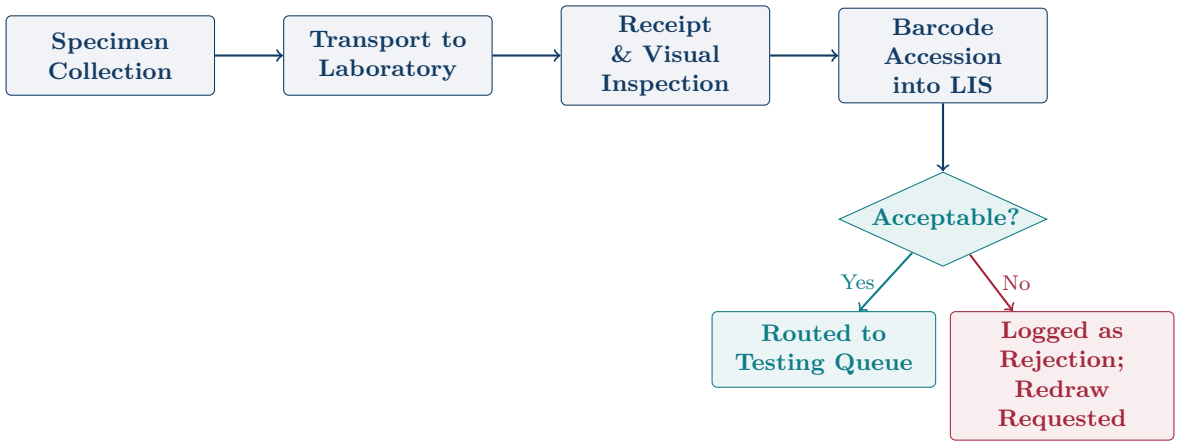
Code	Rejection Reason	Category	Required Action
R1	Unlabeled or mislabeled specimen (name/DOB/ID mismatch against requisition)	Critical	Specimen discarded unopened; redraw required, no exception permitted.
R2	Gross hemolysis	Moderate	Reject for potassium, LDH, AST, and other hemolysis-sensitive analytes; remaining panel at pathologist discretion.
R3	Clotted specimen in an anticoagulant tube	Moderate	Reject; redraw requested for the affected tube only.
R4	Quantity not sufficient (QNS) for ordered panel	Moderate	Reject, or run reduced/priority panel per ordering provider agreement.
R5	Incorrect tube or container type for test ordered	Moderate	Reject; notify ordering unit of correct collection requirements.
R6	Received beyond the analyte's stability window	Moderate	Reject per the CLSI GP44 stability table [Clinical and Laboratory Standards Institute, 2018]; redraw if clinically indicated.
R7	Leaking or otherwise compromised container	Critical	Biohazard handling protocol invoked; specimen discarded, redraw required.
R8	Requisition-to-specimen identifier mismatch	Critical	Specimen held, unaccessioned; ordering unit contacted to reconcile before any further processing.
R9	Improper transport temperature or medium	Moderate	Reject time- or temperature-sensitive analytes only (e.g. lactate, ammonia, blood gases).

⚠ Redraw Escalation

For any *Critical* rejection (**R1**, **R7**, **R8**) on an inpatient specimen, the accessioning technologist calls the ordering unit within 10 minutes of the rejection determination and documents the callback time, the unit contact's name, and the redraw ETA directly on this log. STAT orders affected by a Critical rejection are escalated to the shift supervisor for turnaround-time tracking regardless of the redraw ETA.

3 Receiving and Accessioning Procedure

Specimens arrive at Central Receiving by pneumatic tube, courier bag, or direct hand delivery from inpatient units and affiliated outreach clinics. The accessioning technologist processes each specimen through the same five-step workflow before it is released to a testing bench, regardless of arrival route.



3.1 Step-by-Step Requirements

1. **Visual inspection.** Container integrity, fill volume, and clot/hemolysis appearance are checked before the label is scanned, so that a compromised specimen is caught before it is committed to the LIS queue.

2. **Requisition reconciliation.** The two independent patient identifiers on the specimen label (name and date of birth, or name and medical record number) are compared against the electronic or paper requisition. Any discrepancy is a **R8** rejection and the specimen is held, not discarded, pending callback.

3. **Barcode accession.** A scan of the specimen label against the LIS work list time-stamps the Received field shown in Section 1 and generates the Julian-date accession number. This is the moment a specimen becomes traceable end-to-end in the LIS chain of custody.

4. **Acceptability determination.** The technologist applies the criteria in Table 2. Acceptable specimens are routed to the appropriate bench queue (chemistry, hematology, microbiology, or send-out) within five minutes of accessioning.

5. **Rejection handling.** Rejected specimens are retained in the reject holding rack for four hours (in case a pathologist override is requested) before biohazard disposal, and the rejection is logged with the code, time, and technologist initials.

3.2 Time-Sensitive and Chain-of-Custody Specimens

Specimens for blood gas, ammonia, lactate, and cold agglutinin testing are logged with an additional "iced/room temp" condition note, since these analytes are rejected under **R9** if the transport medium does not match the requisitioned collection instructions. Specimens collected under a legal chain-of-custody order (forensic toxicology, blood alcohol for law enforcement, or paternity testing) bypass the pneumatic tube system entirely and are hand-delivered with a signed custody seal; the accessioning technologist countersigns the custody form at the moment of receipt and files it with Risk Management, separately from this log, per facility policy and the collection guidance in Clinical and Laboratory Standards Institute [2017].

4 Quality Control and Shift Sign-Off

4.1 Receiving Refrigerator Temperature Log

The Central Receiving specimen-hold refrigerator (Unit RCV-02) is checked at the start of shift and every three hours thereafter. The acceptable range is 2–8 °C per manufacturer specification and CAP checklist item GEN.41320 [College of American Pathologists, 2023].

Time	Temp. (°C)	Acceptable Range	Init.	Corrective Action
07:00	4.6	2–8 °C	JM	None required.
10:00	4.9	2–8 °C	JM	None required.
12:00	8.4	2–8 °C	JM	Door found ajar behind a courier tote; tote repositioned, door latched, unit re-checked at 12:20 (5.1 °C). No specimens held during excursion.
14:30	4.7	2–8 °C	JM	None required.

4.2 Turnaround-Time Monitoring

Collect-to-accession interval is tracked as a continuous receiving QC indicator against the 30-minute in-house / 60-minute courier targets in SOP-LAB-014 §4.2. Of the 34 specimens logged this shift, the median interval was 8 minutes for in-house draws and 76 minutes for the two courier deliveries (accessions 26195-0093 and 26195-0112), both of which also failed acceptability review and are accounted for in Section 1. No in-house specimen exceeded the 30-minute target.

4.3 Shift Summary

- Specimens received: 34; accepted: 29; rejected: 5 (14.7%).
- Rejection codes observed: **R1** ×1, **R2** ×1, **R4** ×1, **R6** ×1, **R7** ×1.
- One refrigerator temperature excursion, resolved within 20 minutes with no specimen impact (see above).
- No chain-of-custody specimens received this shift.

☑ Reviewing Supervisor Attestation

I attest that I have reviewed this log for completeness, that all rejected specimens are accounted for with a valid reason code, and that the refrigerator excursion above was corrected and documented in accordance with SOP-LAB-014 and the quality-management provisions of International Organization for Standardization [2022] and 42 CFR §493 [Centers for Medicare and Medicaid Services, 2024].

Accessioning Technologist: J. Mercer, MLS(ASCP) Date: 14 July 2026

Reviewing Supervisor: T. Osei, MLS(ASCP) Date: 14 July 2026

References

Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments (CLIA). 42 CFR §493, 2024.

Clinical and Laboratory Standards Institute. Clsi gp41: Collection of diagnostic venous blood specimens, 2017. Approved guideline.

Clinical and Laboratory Standards Institute. Clsi gp44: Procedures for the handling and processing of blood specimens for common laboratory tests, 2018. Approved guideline.

College of American Pathologists. Cap accreditation program laboratory general checklist (GEN), 2023.

International Organization for Standardization. Iso 15189:2022 — medical laboratories — requirements for quality and competence, 2022.