



Proper Pathology Specimen Labeling

Pathology

808.834.5160..... Oahu
808.932.3505..... East Hawaii
808.322.9366..... West Hawaii
808.245.1082..... Kauai
808.242.2064..... Maui

Client Services

Oahu 808.677.7998
Neighbor Islands... 866.281.6816

Specimen identification is critical for accurate result reporting. Healthcare accrediting agencies (i.e., TJC and CAP) address this patient safety concern by requiring that specimen containers be labeled with at least two patient identifiers. Examples of acceptable patient identifiers include:

- Patient first and last name (Mandatory)
- Patient date of birth
- Patient Medical Record Number

Both identifiers must appear on the specimen container and the accompanying req.

To aid in timely and accurate Histology testing, we kindly ask physicians and staff to provide the following information:

Specimen Label *(Please include the following):*

- Patient Name (first and last) Mandatory
- Second Identifier (DOB, MRN, etc) Mandatory
- Date of Collection
- Specimen Source

Laboratory Requisition *(Please include the following):*

- Requesting Physician Name (first and last)
- Patient Name (first and last)
- Patient Date of Birth
- Date of Collection
- Source of Specimen
- Submitting ICD-10 code (relevant to the type of specimen submitted and patient condition)
- Other Relevant Information (additional clinical, billing, and insurance information, etc.)

Please ensure that specimen information on the container label matches information on the laboratory requisition.

Thank you for your assistance.
Your efforts will ensure accurate and timely delivery of your reports.