



Proper Cytology Specimen Labeling

Update

Cytology

808.834.5160

Laboratory

808.677.7999

Billing (Toll Free)

800.820.4341

Client Services

808.677.7998..... Oahu

808.935.4814 (opt1) ... East Hawaii

808.329.2205..... West Hawaii

866.281.6816.....Kauai

808.244.5567.....Maui

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 Cytology 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

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 Diagnosis or ICD-9 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.