Annex 5-A: Universal Biohazard Symbol

The actual symbol shall be no smaller than 10 cm by 10 cm and no larger than 40 cm by 40 cm. Unless otherwise specified, the width of the symbol should be approximately one quarter the width of the surface on which it appears. The symbol and its background must be in contrasting colors.

Annex 5-B: Blood Collection Errors

Figure 1 shows the types of errors that can occur in blood sample collection. Definitions for the 15 error types are listed in Annex 5-C.

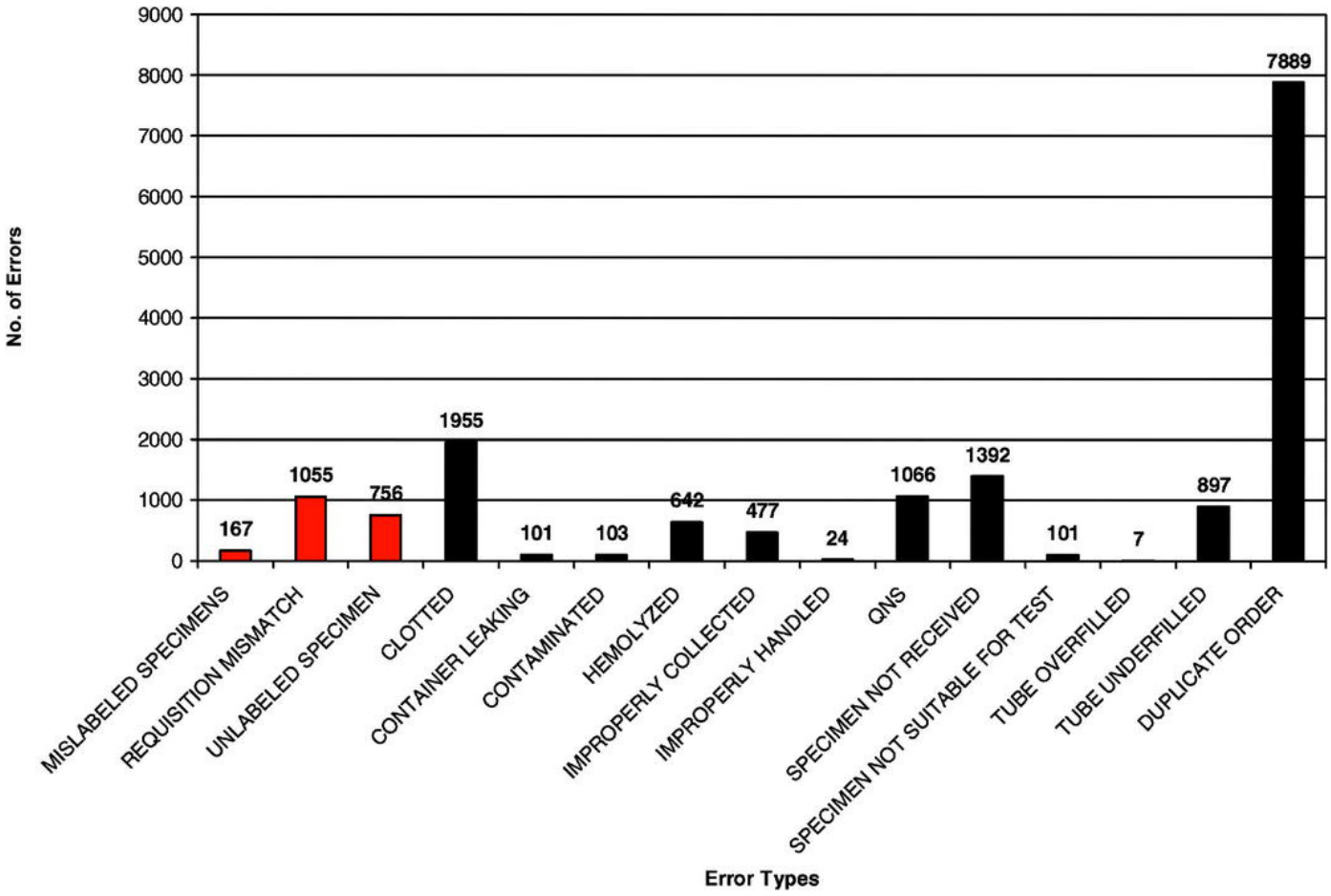

Figure 1. Total blood draw errors by error type (September 1, 2003-August 31, 2005). Data for all specimen error types that result in unacceptable specimens were tabulated for the entire study period (total errors – 16, 632). Critical identification errors are noted by red bars. QNS indicates quantity not sufficient. [1]

[1] Wagar EA, Tamashiro L, Yasin B, Hilborne L, Bruckner DA. Patient safety in the clinical laboratory: a longitudinal analysis of specimen identification errors. Arch Pathol Lab Med 2006;130(11):1662–1668. Available at URL: http://arpa.allenpress.com/pdfserv/10.1043%2F1543-2165(2006)130%5B1662:PSITCL%5D2.0.CO%3B2

Annex 5-C: Definitions for 15 Sample Error Categories

Sample error category	Definition
Clotted sample	A sample received that otherwise should have been received in an unclotted state.
Container leaking	A sample received that is leaking or otherwise has breached the integrity of the container.
Contaminated	A sample that otherwise should be received using sterile collection techniques that has obvious contamination through handling or appearance.
Duplicate order	A sample received after a first sample has been received within a time frame established by the laboratory when repeat samples are not typically required for patient evaluation.
Hemolyzed sample	A sample received that has evident hemolysis of red blood cells as evidenced by pink/red discoloration of the serum or plasma.
Improperly collected sample	A sample received that has been collected in the wrong container or tube required for the type of testing ordered.
Improperly handled sample	A sample received that may not have been transported or handled in a proper manner, e.g. transport at an inappropriate temperature.
Mislabeled sample	A sample that is not labeled with appropriate patient identifiers.
Quantity not sufficient	A sample received in a quantity not sufficient for proper testing.
Requisition mismatch	A sample received with a requisition that does not match the request or patient identified on the tube or container.
Sample not received	Recording of an order, either electronically or manually, not matched with an actual received sample at the time or subsequent to the order receipt.
Sample not suitable for test	Some sample types or tubes/containers are not suitable for a given test.
Tube overfilled	Blood collected in a tube that has been overfilled, excluding some testing.
Tube underfilled	Blood collected in a tube that has been underfilled, excluding some testing.
Unlabeled sample	A sample received in the clinical laboratory with no label or without two identifiers on a label.

Annex 5-D: Field Data Collection Form Example

This is an example of a field data collection form. Each country may have a particular collection form. The tracking number on the upper right hand corner should be the same number on the clinical samples taken from the patient. Include priority ratings of the samples to help the laboratory determine which samples to test first.

The top portion of the form collects demographic information: the patient's name, address, date of birth, sex, and occupation. Information about the health status and clinical diagnoses is also collected. Finally, it is important to provide information about how the sample was collected. A copy of the field data collection form should be included with the samples transported to the laboratory.

Field Data Collection Form

General patient information
Name:
Address:
Country:
County:
City/town/village:

Tracking record number
Date of Birth (dd/mm/yyyy):
Sex: M [ ] F [ ]
Nationality:
Occupation:

Date of onset of illness (dd/mm/yyyy):

Clinical specimens

Unique ID No.	Type	Date of collection	Clinical diagnosis	Health status when specimens collected	Remarks

Post-mortem specimens
Date of death(dd/mm/yyyy): ___/___/___

Name of person completing form:_____
Institutional affiliation: _____
Contact details: _____
Date(dd/mm/yyyy): ___/____/____