REJECTING MISLABELED AND INAPPROPRIATE SAMPLES

Purpose:

This procedure provides instructions for identifying why samples may be rejected for Flow Cytometric processing. Except for peripheral blood, all samples received for immunophenotyping are considered irreplaceable, therefore, never reject without careful scrutiny and consultation with the Hematopathologist on service. A Hematopathologist must be consulted and sign-off on all samples where testing is cancelled and consequently samples are discarded without result.

Procedure:

	Action	Related Documents
1.	**Mislabeled samples:** When mislabeled samples are identified, contact the submitting facility to try and resolve the issue. In the case of tissue and body fluid samples with erroneous labelling where the submitting physician/collector is not on site to correct the label, technologists may correct labelling errors and document the confirmation process on the requisition.	**CAFC_PRE_A_1000F3** Declaration of Patient Identification for Unlabeled or Mislabeled Samples
2.	**Unidentified samples:** Not processed.	
3.	**Leaking or damaged samples:** The receiving technologist notes the state of the sample. The sample may still be processed despite the leak or damage if enough material remains intact.	
4.	**Clotted samples:** It is not possible to process completely clotted/non-anticoagulated peripheral blood and bone marrow specimens.	
5.	**Creutzfeldt-Jacob Disease (CJD):** If a patient is known or is suspected of CJD, CSFs will not be processed, and specimens will be rejected. Referring sites are recommended to add RPMI or Cytolyt cell media to CSF samples awaiting CJD testing results. Once a negative result is confirmed samples can be sent to BCCA for flow cytometry testing.	

	Action	Related Documents
6.	**Samples that arrive frozen:** • **<u>Tissues</u>** – Disaggregate, perform cell count/viability and if concerns persist consult with pathologist for processing instructions. • **<u>PB & BM</u>** – Consult with the pathologist on service. Typically, cells will be damaged and unsuitable for processing.	
7.	**Fixed Tissues:** When tissues arrive in fixative consult with a pathologist for processing instructions. Most fixatives are formaldehyde or alcohol based; therefore, the initial clue of fixative exposure is the distinctive odour upon opening the sample cup. When fixed tissues are processed, they typically maintain high viability, but cell surface proteins are denatured such that they will appear negative for all markers. ***Note: Due to the irreplaceable nature of surgically removed tissue samples great care should be taken to ensure that fixed samples received in the Flow Lab were not intended to go elsewhere for testing.*** ***Please consult with the histology lab, the sending institution and/or the on-service Hematopathologist to decide if these samples should be forwarded to another lab. Samples not required elsewhere will be stored in the flow refrigerator where they will remain for two weeks prior to disposal.***	
8.	Document clearly why the samples are unsuitable for testing on the **Flow Cytometry Worksheet**.	
9.	Enter the information under **Specimen/Requisition Deficiencies** in **CoPath**. The Hematopathologist will enter the information in the final report to convey why the sample was rejected, and hence eventually discarded without result.	