Patient Identification and Specimen Labelling

Standard operating procedure (SOP) | ID-SOP-001

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Replaces	Replaces the earlier short form
Standards and criteria supported	Standard 1, criterion 1.1 (non-negotiable)
Evidence basis	E-007, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Ask the patient to say their full name and date of birth. If they cannot, check the wristband and a second identifier.
2. Compare both identifiers with the request, prescription or wristband. Every identifier must match.
3. Label each specimen at the bedside, with the patient present, using two identifiers, the date and time, and your initials.
4. If anything does not match, stop, do not label, and get help.
5. Record the check on ID-FRM-001.

Stop and get help straight away if: identifiers do not match, a wristband is missing and cannot be replaced, or the patient cannot confirm identity and no second identifier can be found.

1. Purpose

To make sure the right care, medicine, procedure, blood product or specimen goes to the right patient, every time [E-007]. Most misidentification errors happen at the bedside, when a label is applied away from the patient or when a bed or room is used instead of a name.

2. Scope

Applies to	All staff, students and contractors who give care, medicines, blood products, or take or label specimens
Locations	All wards, clinics, day care, theatres, imaging, laboratory collection points and home-visit teams at {{facility.legal_name}}
When	Before every medicine, procedure, blood product, specimen collection or transfer, and at admission and discharge
Does not apply to	Anonymous emergency care, where the emergency patient identification process (section 10) applies

3. Definitions and abbreviations

Term	Meaning in this SOP
Two identifiers	Two separate pieces of information that identify one patient: full name, date of birth, or the hospital identification number. Bed number, room number and diagnosis are not identifiers.
Wristband	The identification band with the patient's identifiers, fitted on admission
Specimen	Any sample taken from a patient: blood, urine, swab, tissue or other
Bedside labelling	Applying the label while the patient is present and the specimen is in front of you

4. Background and rationale

Patients are misidentified when staff rely on the bed, the room or the order of the list rather than on two identifiers checked with the patient. The risk is highest when several patients have the same surname, when patients are sedated or confused, and when labelling is done at the desk.

This SOP is the working method for the non-negotiable criterion 1.1: every patient is verified using at least two identifiers before any medicine, procedure, blood product or specimen. The audit is in section 12.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Staff member giving care or taking a specimen	Check identifiers, label at the bedside, record the check where required	Trained and observed in this procedure (section 14)
Ward or department head	Makes sure the procedure is followed, supports staff, reviews any event	Management training in incident review
Quality lead	Runs the monthly audit of the last 20 specimen labels and reports results	Audit training
Laboratory director	Rejects specimens that are unlabelled or wrongly labelled, and records the rejection (SOP-071)	Laboratory competence

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Patient wristband	Hospital standard band with full name, date of birth or identification number	Present, legible, correct patient, not damaged
Specimen labels	Printed or handwritten label with two identifiers, date, time and initials	Printed correctly, not already used on another patient
Request form or electronic order	Matches the patient in front of you	Name and date of birth match the wristband
Pen (for handwritten labels)	Permanent ink, not erasable	Working

7. Safety and infection prevention

- Wear gloves when taking a specimen; follow hand hygiene before and after contact (see the hand hygiene SOP, SOP-037).
- Do not label specimens from another patient, from memory, or from a list you have not checked with the patient.
- Keep the request form and the specimen together. Never carry specimens from several patients in one pocket or tray without individual labels.

8. Before you start

- Check the request or prescription is for this patient and this ward or department.
- Check the labels you will use are for this hospital and are in date.

- Check the wristband is on the patient and is legible. If it is missing, follow the hospital process to replace it before any care.
- Explain to the patient what you are going to do, and why you are checking their name.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Ask the patient to state their full name and date of birth.	• Say: "Please tell me your full name and date of birth." • Do not say the name first, and do not nod or confirm if the patient gives a different name. • If the patient is sedated, confused, a young child or cannot speak, go to step 2 and the special situations in section 10.	The patient is the best source. Prompting the patient with the name increases errors.
2	Check the wristband.	• Confirm the band is on the patient, legible, and not damaged. • Check the full name and date of birth on the band match what the patient said. • If they do not match, stop and go to section 11.	A band that does not match is an error until proven otherwise.
3	Compare the identifiers with the request.	• Check the full name on the request matches the patient and the band. • Check the date of birth on the request matches the band. • If the request has no date of birth, do not proceed. Ask for the order to be corrected.	Two matching identifiers are required. A matching bed number is not enough.
4	Label the specimen at the bedside.	• Label the specimen in front of the patient, immediately after collection. • Write or print: full name, date of birth (or ID number), date, time and your initials. • Check the label against the wristband again before the specimen leaves the bedside.	Labelling away from the patient is a known cause of errors. Label at the bedside, every time.
5	Before giving a medicine, blood product or procedure, repeat steps 1 to 3.	• Do the check again at each new activity, even if it was done an hour ago. • If the patient has moved bed, been to another area or returned from a procedure, repeat the full check.	Identity can change through transfers. Each activity is a new check.
6	Record the check where required.	• For each specimen in the audit sample, record the identifier check on ID-FRM-001 with date, time and initials. • Keep the completed form in the ward or department file for the period stated in section 13.	The record is how the audit shows the check was done, not only that it should have been.

Decision points

- If the patient gives the correct full name and date of birth, and the wristband matches, continue to step 3.
- If the patient cannot confirm their identity, check the wristband and one identifier from the record with a second member of staff, if available, before proceeding.
- If any identifier does not match, stop. Do not label or give anything. Go to section 10.

10. Special situations

Situation	What to do
Unconscious, sedated or unable to speak	Check the wristband and at least one identifier from the medical record with a second member of staff. Record who was present.
Newborns and infants	Use the hospital neonatal identification process, including matched bands for the infant and the mother. Check both bands before each activity.
Patients with the same name on the ward	Use both identifiers and, where possible, a second member of staff. Consider a visual flag on the record, agreed with the ward head (EC).
Emergency patients with no	Use the hospital temporary identification number. Link it to the true identity as

Situation	What to do
identity	soon as known. Record the link in the record and on the specimen (EC).
Patients returning from theatre or procedures	Repeat the full check on return, using the wristband, before handing over care.

11. Problems and escalation

- If identifiers do not match, stop, inform the ward or department head, and report the event through INC-POL-001 on the same shift.
- If a specimen is labelled incorrectly, do not send it to the laboratory. Relabel only through the hospital correction process, and record the correction.
- If the audit finds a missing check, review the individual practice the same week and record the action.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Last 20 specimen labels show two identifiers and an identifier check	100% (non-negotiable)	Monthly	Quality lead	Immediate review of all labels in that period; retraining of staff involved; report to clinical director
Bedside labelling observed during spot checks	100% of observed samples	Monthly, at least 10 observations	Ward or department head	Coaching and re-observation within two weeks
Incidents involving misidentification	Zero harm events; every event reviewed	Monthly	Quality lead	Root-cause review for every event

13. Records

Record	Where it is kept	Kept for
ID-FRM-001 Patient Identification Check Log	Ward or department file; quality lead for audit	{{facility.records_retention_years}} years
Incident report (INC-POL-001)	Incident log	{{facility.records_retention_years}} years

14. Training and competence

- Before working alone, every member of staff who takes specimens or gives medicines is observed doing this procedure and signs off competence (EC).
- Refresher training and a repeat observation each year, and after any event involving identification (EC).
- Staff new to a ward receive a briefing on local identification rules (wristband colours, neonatal process) on their first shift.

15. Related documents

ID	Title	Relationship
ID-FRM-001	Patient Identification Check Log	Record used in step 6
REC-FRM-001	Mandatory Records List	Identifiers are a mandatory record entry
INC-POL-001	Incident Reporting and Management	Used when a check fails
SOP-037	Infection Prevention and Control Procedure (generic)	Used before and after specimen collection
SOP-071	Specimen Rejection Procedure (generic)	Laboratory rejects unlabelled

ID	Title	Relationship
		specimens

16. Evidence

ID	Source and status
E-007	World Health Organization. Patient Safety Solutions series (2007), correct patient identification.
E-009	ASF Expert Committee consensus. Special situations and audit sample size are EC decisions.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	Full procedure expanded from the short form; added steps, decisions, special situations and monitoring	Approved by the ASF Expert Committee