

Standard Operating Procedure (SOP) for the Handling, Checking, and Transportation of Samples

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Target Audience:

People who need to know about this document in detail	All staff involved in the Handling, Checking, and Transportation of Samples
People who need to have a broad understanding of this document	Board Members, Management Board. Senior Leaders. Board Committees
People who need to know that this document exists	All staff involved in the development of Health Board Policies.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date:
Welsh Language Standard	Outcome:
Date of approval by Equality Team:	Choose an item.
Aligns to the following Wellbeing of Future Generation Act Objective	(00/00/0000)
	Choose an item.



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

COMPONENTS:

A policy must contain the following components and must also be written to include the values and behaviours of the organisation wherever relevant:

It is accepted that for Clinical Policies and or other Written Control Documents (Procedures, Guidance etc.) the policy components below may not all be relevant.

For guidance on Clinical Policy Development please contact:

CTM_ClinicalPolicies@wales.nhs.uk

For guidance on Non Clinical Policy Development please contact:

CTM_Corporate_Governance@wales.nhs.uk

Or visit the Policy Author Page on SharePoint:

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Purpose

To ensure safe, accurate, and timely handling, checking, and transportation of clinical specimens (e.g., endometrial biopsies, polyp samples) from the Womens Health Unit to the pathology laboratory, maintaining specimen integrity and patient safety.

Scope

This SOP applies to all clinical staff involved in specimen collection, handling, documentation, and transportation within the Womens Health Unit.

Responsibilities

Clinical Staff: Responsible for correct collection, labelling, and initial handling of specimens.

Nursing Staff: Responsible for verifying patient details, ensuring correct documentation, and preparing specimens for transport. Responsible for safe and timely delivery of specimens to the laboratory.

Laboratory Staff: Responsible for receiving, logging, and processing specimens.

Procedure

Specimen Collection

Collect specimens using a sterile technique during procedure

Ensure tissue samples are placed in appropriate containers (e.g., formalin pots for histology).

Ensure containers are leak-proof and labelled as biohazard if applicable.

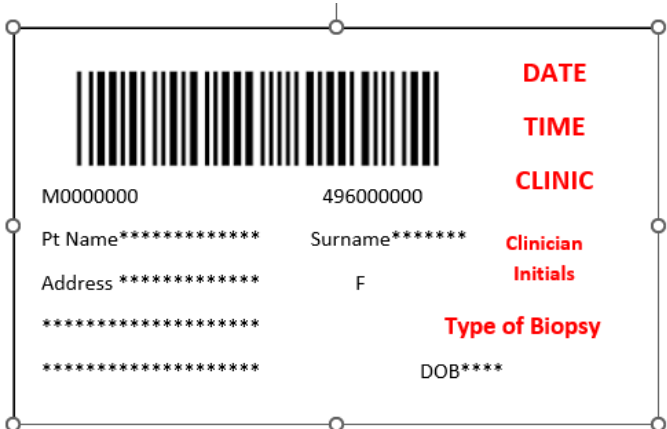
Labelling

Nurse receiving sample from the clinician is responsible for ensuring the correct container and correct labelling of the sample.

Label each specimen container **in the presence of the patient**, asking them to confirm Name, address and DOB.

The label must include:

- Patient's full name
- Date of birth
- NHS number
- Date and time of collection
- Specimen type and site
- Clinician name
- Assistant Nurse



The diagram shows a rectangular label with a barcode at the top left. To the right of the barcode are the labels **DATE**, **TIME**, and **CLINIC** in red. Below the barcode are two rows of numbers: M0000000 and 496000000. Below these are fields for 'Pt Name*****' and 'Surname*****' with the label **Clinician Initials** in red to their right. Below the name fields is an 'Address*****' field with an 'F' below it, and the label **Type of Biopsy** in red to its right. At the bottom right is a 'DOB****' field.

Documentation

Complete the pathology request form.

Include relevant clinical history and indication for procedure.

Checking

Ensure the patient demographics on the specimen form match the details on the specimen pot.

The assisting nurse is responsible for checking:

- Patient identifiers on specimen and form
- Correct container and fixative used
- Sample is present in the specimen pot (if not inform Clinician immediately whilst patient still in the room).
- Completeness of histology form

Log the specimen in the clinic's specimen register including:

- Patient Label
- Specimen type
- Time of collection
- Staff initials.

THE SAMPLE MUST BE RECORDED IN THE SPECIMEN REGISTER AND SIGNED BY 2 MEMBERS OF STAFF.

All staff are accountable for understanding and complying with this policy.

Transportation

All specimen samples must be taken to the laboratory at the end of each clinical session.

If delay is expected, specimens must be stored at appropriate temperature unless otherwise specified.

At the end of the clinical session, **ALL** samples must be checked and accounted for, please document in the specimen book "All specimens checked and correct" followed by 2 staff signatures.

Member of staff must take the register with the specimens to the laboratory reception where a further check is undertaken with the laboratory staff and register signed.

Safety and Infection Control

Wear appropriate PPE must be used during specimen handling follow standard precautions for handling potentially infectious material as per CTM guidance for Personal Protective Equipment (PPE) Infection, Prevention and Control Policy, [http://ctuhb-intranet/Policies/layouts/15/WopiFrame.aspx?sourcedoc={200A9894-E961-4ABB-BAAC-4524EE3A9441}&file=Personal%20Protective%20Equipment%20\(IPC\)%20Policy%20V4.docx&action=default](http://ctuhb-intranet/Policies/layouts/15/WopiFrame.aspx?sourcedoc={200A9894-E961-4ABB-BAAC-4524EE3A9441}&file=Personal%20Protective%20Equipment%20(IPC)%20Policy%20V4.docx&action=default)

In case of spillage, follow the clinic's spillage management protocol.

Incident Reporting

Any issues identified must be addressed as soon as possible including and not limited to:

- Appropriate escalation to senior staff/clinician
- Communication with family
- Communication with any appropriate specialities
- Report any discrepancies, labelling errors, or transport delays via Datix.

Results

It is the responsibility of the clinician undertaking the procedure to review the results and action appropriately.

Training

All staff must read this SOP and sign record that they have read and understood procedure.

Competency assessments to be documented.

Audit and Review

Monthly audits of specimen logs and transport records.

Review SOP annually or after any incident.



Specimen Collection Flowchart

Ensure correct specimen containers are available for procedures. Nurse receiving sample from the clinician is responsible for ensuring the correct container and correct labelling of the sample



Label each specimen container in the presence of the patient, asking them to confirm Name, address and DOB, if matches, affix addressograph to specimen pot



Complete the pathology request form, ensuring demographics on form and specimen pot match. Check that sample is in the pot whilst patient in room, if not, inform clinician immediately.



THE SAMPLE MUST THEN BE RECORDED IN THE SPECIMEN REGISTER AND SIGNED BY 2 MEMBERS OF STAFF.



At the end of the clinical session, **ALL** samples must be checked and accounted for, please document in the specimen book "**All specimens checked and correct**" followed by 2 staff signatures.



Member of staff must take the register with the specimens to the laboratory reception where a further check is undertaken with the laboratory staff and register signed.

