
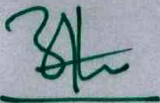



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POLICY AND PROCEDURE ON LABORATORY SERVICES, COLLECTION, IDENTIFICATION OF SAMPLES, HANDLING, SAFE TRANSPORTATION, PROCESSING AND DISPOSAL, QUALITY ASSURANCE AND SAFETY PROGRAMME

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,**  
**GUWAHATI**



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<b>Prepared By:</b>	Designation: Assistant Professor, Hospital Administration Name: Dr. Biraj Chandra Paul Signature: 
<b>Approved By:</b>	Designation: Executive Director, AIIMS Guwahati Name: Prof. Ashok Puranik Signature: 
<b>Responsibility of Updating:</b>	Designation: Assistant Professor, Hospital Administration Name: Dr. Biraj Chandra Paul Signature: 

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### Control of the Manual

1. The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.
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4. The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.
5. The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue
		

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**AAC 05 – POLICY AND PROCEDURE ON LABORATORY SERVICES, COLLECTION, IDENTIFICATION OF SAMPLES, HANDLING, SAFE TRANSPORTATION, PROCESSING AND DISPOSAL, QUALITY ASSURANCE AND SAFETY PROGRAMME**

**1.0 PURPOSE**

To provide guidelines for laboratory services as per the requirements of the patients. To ensure continuous provision of quality in the operation of the Laboratory Department.

- The laboratory ensures confidentiality of patient's records and reports.
- The laboratory ensures low turnaround time (TAT) for reporting of samples.

**2.0 SCOPE**

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All patients availing laboratory services at **All India Institute of Medical Sciences, Guwahati**.  
The hospital ensures availability of laboratory services commensurate with the healthcare services offered.

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### 3.0 RESPONSIBILITY

- 3.1 Department of Pathology, Microbiology, and Biochemistry
- 3.2 Laboratory Technicians, Phlebotomists
- 3.3 Nursing Officers of patient care areas
- 3.4 Treating Doctors (for clinical correlation and urgent communication)

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### 4.0 ABBREVIATION

- 4.1 NABH – National Accreditation Board for Hospitals and Healthcare Providers
- 4.2 AAC – Access, Assessment and Continuity of Care
- 4.3 UHID – Unique Hospital Identification Number
- 4.4 TAT – Turn Around Time
- 4.5 ICU – Intensive Care Unit
- 4.6 OT – Operation Theatre

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### 5.0 DEFINITION

Laboratory services include all diagnostic services related to clinical pathology, biochemistry, microbiology, haematology, histopathology, cytopathology, serology, and allied investigations provided by the hospital laboratory.

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### 6.0 REFERENCE

Pre-Accreditation Entry Level Standards for Hospitals – First Edition, April 2014 (NABH)

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### 7.0 POLICY

#### 7.1 Laboratory Services 24X7

24-hour laboratory services are provided at **All India Institute of Medical Sciences, Guwahati** through in-house laboratories.

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**7.2 Laboratory services are in consonance with the hospital scope of services and include:**

- 7.2.1 Clinical Biochemistry
- 7.2.2 Microbiology
- 7.2.3 Clinical Pathology
- 7.2.4 Haematology
- 7.2.5 Cytopathology
- 7.2.6 Histopathology
- 7.2.7

Serology

**7.3 Manpower**

The clinical laboratory engages competent and qualified personnel including laboratory technicians, technologists, and medical professionals.

AIIMS Guwahati ensures that all laboratory staff are appropriately trained and periodically assessed.

**7.4 Sample Acceptance Criteria**

The laboratory defines acceptance and rejection criteria for all samples to ensure quality, accuracy, and patient safety.

Samples not meeting minimum requirements of identification, quantity, or container integrity may be rejected and documented.

**7.5 Test Requisition Criteria**

Without a written or electronic request from the treating doctor, samples shall not be drawn.

Mandatory requisition details include:

- Patient Name
- Age and Gender
- UHID / IP Number
- Test(s) requested
- Name, signature, date and time of requesting doctor
- Clinical Details as per requirement

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### 7.6 Sample Identification and Labelling

- All samples are labelled using a **bar-code system** generated against advised tests.
- Bar-coded labels are pasted on vacutainer tubes or specimen containers.
- Patient identity is confirmed using **full name and UHID number** before collection.

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## 7.7 Identification, Collection, Handling, Safe Transportation, Processing and Disposal of Samples

### 7.7.1 Collection

- Phlebotomy is performed by trained laboratory staff or nursing officers using aseptic techniques.
- Disposable gloves and appropriate PPE are mandatory.
- Blood is collected in appropriate bar-coded vacutainer tubes.
- Patients are instructed regarding urine, stool, sputum, and post-prandial samples if required.
- Collection site is inspected post-procedure and adhesive dressing applied.

### 7.7.2 Needle and Sharps Disposal

- Needles are **not recapped**.
- Disposed immediately into puncture-proof white containers.

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### 7.7.3 Transportation of Samples

- Samples are transported within the hospital using:
  - Secure sample transportation containers with biohazard symbols, or
  - Pneumatic tube system where applicable
- Specimens are placed in **labelled, leak-proof primary containers**, wrapped in absorbent material if required.
- Temperature and biosafety integrity are maintained during transport.

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### 7.7.4 Testing and Reporting of Samples

- Laboratory receives samples from OPD, IPD, ICU, OT, Emergency.
- Samples are checked for:
  - Proper labelling
  - Adequacy and integrity

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- Test requisitions are verified.
- Data entry is done in respective registers/LIS.
- Tests are processed as per standard operating procedures.
- Abnormal results are rechecked using repeat analysis or fresh sample where required.
- Results are validated by faculty (Pathologist / Microbiologist / Biochemist).
- Urgent results are communicated telephonically or via provisional report.
- **Critical values** are:
  - Documented in Critical Value Register
  - Communicated immediately to the concerned clinician
  - Recorded with date, time, and recipient details
- Final reports are available through the **AIIMS Guwahati Swasthya App** and hospital information systems.

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### 7.8 Turn Around Time (TAT)

- Samples collected between **9:00 am – 12:00 pm** (except STAT tests):  
→ Reports available by **2:00 pm same day**
- Samples collected after **2:00 pm** (except STAT):  
→ Reports available by **12:00 pm next day**
- Samples from **Emergency / ICU / OT**:  
→ Priority processing  
→ Provisional reports within **1 hour** of receipt

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### 7.9 Validation of Test Results

Validation is based on:

- Daily Internal Quality Control (IQC)
- External Quality Assurance Scheme (EQAS)
- Approval and monitoring by laboratory faculty
- Clinical correlation feedback from treating consultants

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### 7.10 Disposal of Specimens

- All specimens are discarded as per **Biomedical Waste Management Rules 2016, 2018 and 2019**.

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Color coding:

- **Yellow** – Blood-contaminated cotton, tissues, sample containers
  - **Red** – Syringes without needles
  - **White** – Needles, blades, sharps
  - **Blue** – Glass slides
- Liquid waste is treated via Effluent Treatment Plant (ETP).
  - Vacutainers and laboratory waste are pre-treated by autoclaving.

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#### 7.11 Laboratory Safety and Training

- Laboratory personnel follow standard precautions and biosafety guidelines.
- PPE usage is mandatory.
- No food or drink permitted in laboratory areas.
- Spills are disinfected using approved disinfectants (e.g., 1% sodium hypochlorite).
- Regular training is conducted on:
  - Occupational safety
  - Infection control
  - Disaster management
  - Quality management systems

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#### 7.12 Outsourced Tests

From emergency triage area test may be sent to the outsourced laboratory situated in room number 78 ground floor adjacent to the department as per the existing MOU.

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#### 8.0 RECORD GENERATED

- i. Laboratory Register
- ii. Sample Rejection Register
- iii. Critical Value Register
- iv. Turn Around Time Monitoring Record
- v. Quality Control Records

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