

Mandatory Laboratory Request Minimum Acceptance Criteria [MAC]

PLEASE COMPLY WITH THE FOLLOWING M.A.C REQUIREMENTS WHEN SENDING ANY SAMPLE FOR EXAMINATION.

A separate audio guide can be accessed by clicking on the link below:

MAC Audio Guide

Section A: Laboratory Examination Request Form Requirements

A. MANDATORY INFORMATION ON LABORATORY REQUEST FORM									
Request Form	Blood Transfusion	Haematolo	d Science: ogy and Cli chemistry	inical	Microbiology	Cellular Pathology: Cytology and Histology			
Unique identifier Number ¹	YES	YES	YES	YES	YES	YES			
Patient Official First Name	YES	YES	YES	YES	YES	YES			
Surname	YES	YES	YES	YES	YES	YES			
Sex	YES	YES	YES	YES	YES	YES			
Date of Birth (DD/MM/YYYY)	YES	YES	YES	YES	YES	YES			
Date and Time of Sample Collection	YES	YES	YES	YES	YES	YES			
Requestor Name/Code	YES	YES	YES	YES	YES	YES			
Source (Ward/Clinic /GP)	YES	YES	YES	YES	YES	YES			
Investigation (test) Required	YES	YES	YES	YES	YES	YES			
Signature/Name of staff member taking the sample	YES	NO	NO	NO	NO	YES			
Anatomical Site and Specimen type	NO	NO	NO	NO	YES	YES			

¹The Health & Care Number must be used unless the patient is not registered with a General Practitioner in Northern Ireland (then use the local hospital numbering system) OR in an emergency situation; use the local hospital EMERGENCY numbering system.

²Note: <u>ALL</u> details on the Blood Transfusion Specimen Bottle <u>MUST</u> be handwritten.



Section B: Laboratory Sample Label Requirements

B. MANDATORY INFORMATION ON <u>SAMPLE LABEL</u>									
Sample Label	Blood Transfusion ²	Blood Science: Haematology and Clinical Biochemistry			Microbiology	Cellular Pathology: Cytology and Histology			
Unique identifier Number ¹	YES	YES	YES	YES	YES	YES			
Patient Official First Name	YES	YES	YES	YES	YES	YES			
Surname	YES	YES	YES	YES	YES	YES			
Sex	YES	NO	NO	NO	NO	NO			
Date of Birth (DD/MM/YYYY)	YES	YES	YES	YES	YES	YES			
Date and Time of Sample Collection	YES	YES	YES	YES	NO	NO			
Signature/Name of staff member taking the sample	YES	NO	NO	NO	NO	NO			

¹The Health & Care Number must be used unless the patient is not registered with a General Practitioner in Northern Ireland (then use the local hospital numbering system) OR in an emergency situation; use the local hospital EMERGENCY numbering system.

²Note: <u>ALL</u> details on the Blood Transfusion Specimen Bottle <u>MUST</u> be handwritten.