

Cases from private physicians are to be labeled with the case number of the physician and reported by the same number, and also the Laboratory number of the particular specimen.

In the case of institutions it is impossible to do accurate work without at least two separate identifying factors. This result may be obtained by continuing the same method of labeling, which gives the full name of the patient, or it may be obtained by giving the hospital number and the surname of the patient. This recommendation is made on the following grounds.

1. The number of specimens submitted from a single institution at one time ranges from five to forty or more.
2. Those physicians actually obtaining specimens in the hospitals refer to the patients by name, the hospital record which gives the case number often being in some other part of the institution.
3. In reporting Wassermann tests by hospital numbers the margin of error is 5% or greater, as shown by the investigation of the records of a well-known, highly efficient private institution. The name was the only absolute identifying factor.
4. Previous experience in this Laboratory shows that the most prolific and disturbing source of error is in failing to absolutely identify each specimen through the successive stages, from the time of obtaining the blood until the final reading is made.

In defense of the present method of labeling (patient's full name) the following may be said: (1) that each institution has upon its records all of the information which this Laboratory requests (2) that these hospital records being clinical as well as laboratory, would naturally be the ones used in medico-legal cases.