



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Laboratory and Blood Bank		
Document:	Departmental Policy and Procedure		
Title:	The Laboratory has a Process for Reference Laboratory Services		
Applies To:	All Laboratory and Blood Bank Staff		
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1. PURPOSE:

- 1.1 Our laboratory is not equipped to perform all requests for testing. Reasons for using a reference laboratory include low test volume, high test cost, or the need for specialized equipment or expertise. King Khalid General Hospital, Hafer Al Batin, the regional laboratory and blood bank in Hafer Al Batin and the regional laboratory and blood bank in Al Dammam are selected and approved by the Medical Executive Committee as the referral laboratory for maternity and children hospital, Hafer Al Batin.

2. DEFINITONS:

N/A

3. POLICY:

- 3.1 The laboratory must be affiliated at all times with a reference laboratory, to perform the necessary functions that cannot be accomplished by maternity and children hospital laboratory.
- 3.2 The laboratory must select the reference laboratory according to proximity, CBAHI accreditation, and Saudi ministry of health executive regulations.
- 3.3 The services of the reference laboratory must be monitored, evaluated, and reported annually, and feedbacks must communicate with the reference laboratory.
- 3.4 The CBAHI accreditation status of the reference laboratory must be monitored every 3 years.

4. PROCEDURE:

4.1 Selection:

- 4.1.1 Dammam Regional Laboratory and Toxicology, King Khalid General Hospital, Hafer-Albatin, and Regional Laboratory and Blood Bank in Hafer Albatin Centre are selected as outsource laboratories for Maternity and Children Hospital, Hafer Al Batin as they fulfil the criteria of selection, and it authorized by Saudi MOH.
- 4.1.2 To select a new reference laboratory, they must request a meeting of the Medical Executive Committee, and provide records supporting eligibility of a well-equipped and managed laboratory that fulfils the criteria above.
- 4.1.3 The committee will then communicate with the selected candidate for the purpose of accruing more information about their quality management system, accreditation status, scope of service, and sample extraction guide.
- 4.1.4 The hospital directorate approve and take the necessary executive measures to conduct an agreement written by the selected reference laboratory, and approved by both laboratories.

4.2 Monitoring:

- 4.2.1 The laboratory must monitor the reference laboratory performance by measuring the TAT, and comparing it to the stated TAT in the agreement.

- 4.2.2 The CBAHI reaccreditation status of the reference laboratory must be monitored every reaccreditation cycle.
- 4.3 **Ordering tests from reference laboratory:**
 - 4.3.1 The ordering physician may order a test from the reference laboratory list of tests, after calling the lab outsource/serology technician to insure whether the test is available or not, and for special requirements and preparations.
 - 4.3.2 The ordering physician must fill up the request form completely and clearly giving all patient data (Patient's complete name, age, sex, medical record number), presumptive diagnosis, medication if any, and the test required.
 - 4.3.3 The request should also bear the name of the physician or stamp and signature.
- 4.4 **Specimen handling and transportation:**
 - 4.4.1 The specimen to be outsourced are received in MCH laboratory by the designated laboratory technician in charge for outsourcing with proper and complete labelling on the specimen tube or sterile, screw capped and leak proof containers.
 - 4.4.2 The labelling on the specimen container should match the patient's data on request form. (Identical patient data on request form and on the specimen container).
 - 4.4.3 Serum and Plasma samples are separated by the designated laboratory technician in charge for outsourcing.
 - 4.4.4 All samples for outsourcing are stored properly according to its storage requirement till they are transported to the reference laboratory.
 - 4.4.5 All the stored samples for outsourcing along with the request forms are sent to the reference laboratory through the hospital transportation division, every Wednesday morning.
 - 4.4.6 Any specimen with incomplete patient data, non-identical patient data on request form and the specimen container, requests without treating physician's name and stamp, haemolysed samples and specimen with quantity not sufficient are rejected.
 - 4.4.7 The laboratory technician in-charge for outsourcing will prepare a list of specimen being transported to the reference laboratory after recording the patient data, tests ordered, and time and date of transportation in a special log book.
 - 4.4.8 All the test request forms, list of specimens and the covering letter to the reference laboratory are placed by the laboratory technician in-charge for outsourcing in an envelope and the specimens are transported in a proper container.
 - 4.4.9 The laboratory technician in-charge for outsourcing will call the transportation coordinator and inform him that the specimens for the reference laboratory are ready and request him to come and pick up the proper container with the specimens.
- 4.5 **For urgent requests:** If any physician requests tests from outsource laboratory on urgent basis, it can be sent in the middle of the week at the discretion of laboratory director.
- 4.6 **The results / reports are received from the outsource laboratory as follows :**
 - 4.6.1 Hard copy results are received through the transportation coordinator who takes the samples subsequently.
 - 4.6.2 The TAT (turnaround time) for the outsource lab test varies from 2 weeks to 4 weeks.
 - 4.6.3 Once the results are received from the outsource laboratory, the technician in-charge will record the results and time and date of receiving it in a special log book for the results of outsource laboratory and release the results to the respective ward or clinic.
- 4.7 **Critical results :** The technician in-charge for outsource laboratory tests shall review test results from outsource laboratory, and if interpretative comments indicate critical results and the need for immediate physician notification, he/she will notify the treating physician or his/her designee and follow the policy and procedure on critical values.

5. MATERIALS AND EQUIPMENT:

- 5.1 Outsourcing logbook

6. RESPONSIBILITIES:

- 6.1 Laboratory Director
- 6.2 Chief Laboratory Technologist
- 6.3 Laboratory Technologist In-charge for outsourcing

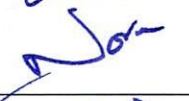
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Referral Laboratory Services Agreement, Dammam Regional Laboratory, Dammam. KSA.
- 8.2 Guidelines for Good Clinical Laboratory Practices, ICMR, New Delhi, 2008.
- 8.3 Quality management system: qualifying, selecting, and evaluating a Referral laboratory; approved guideline -2ed- CLSI-QMS05-A2.

9. APPROVALS:

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