HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Laboratory and Blood Bank		
Document:	Multidisciplinary Policy and Procedure		
Title:	Minimum Tests, Service Requesting Information		
Applies To:	All Laboratory, Blood Bank Staff and Nursing Staff		
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1. PURPOSE:

1.1 Complete and legible test request information prevents delays in testing and allows for correct and timely distribution of laboratory results.

2. DEFINITONS:

N/A

3. POLICY:

3.1 Clinical laboratory testing must be requested by those with the knowledge, skills and authority to select the appropriate test(s) and to interpret the laboratory results.

3.2 Laboratory requisitions submitted to the Laboratory Department for diagnostic testing must be complete and adhere to the Laboratory Specimen Acceptance and Rejection for Diagnostic Testing.

4. PROCEDURE:

4.1 Two patient identifiers (Patient's Full name and Patient medical record number): The patient's identifier on the requisition and the specimen containers appears exactly as in the patient's file. The identifiers which appear on the requisition match exactly the identifiers on the accompanying specimen container.

4.2 Patient age and Sex.

4.3 Patient Location: Ward or any other department.

4.4 Identification of the authorized ordering physician: The requisition contains the signature or stamp of the physician who is legally entitled to order the laboratory tests and include the date signed.

4.5 Type of specimen and required test: The specimen type and tests requested must be clearly indicated or hand written legibly and unambiguously, using current nomenclature.

4.6 Date and Time of specimen collection is mandatory.

4.7 Identification of the Phlebotomist or the person who collected the specimen must be clearly written.

4.8 Additional clinical information, and diagnosis as required.

4.9 Clinical information related to the tests ordered help in interpreting the laboratory results.

4.10 Clinical information related to the histopathology and cytopathology specimens.

4.11 For therapeutic drugs assay, time of the last dose and the time of specimen collection should be written clearly on the request form.

4.12 Requests for blood / blood components, tests or services must contain:

4.12.1 Sufficient information for accurate patient identification. Two independent patient identifiers are required, ideally including the patient's first full name and an ID number that is unique to the patient. The importance of accurate patient identification is fundamental in patient's safety.

4.12.2 Other information necessary to process a request for transfusion includes the specific component, the amount, any special requirements such as irradiation, the gender and age of the recipient.

4.12.3 The name of the authorized physician ordering the transfusion.

4.12.4 The recipient's diagnosis and a history of transfusion and pregnancy may provide useful information to guide testing, product/component selection or both.

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

6.1 Phlebotomist/ Lab. technologist
6.2 Ward Nurse collecting the specimen
6.3 Chief Medical Technologist
6.4 Laboratory Quality Assurance officer

7. APPENDICES:

N/A

8. REFERENCES:

8.1 Ontario laboratory accreditation version 3.
8.2 Capital health interdisciplinary clinical manual, policy and procedure, July 2014.

9. APPROVALS:

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