



One Hospital Drive • Lewisburg, PA 17837
Laboratory Services - (670)522-2510

Laboratory Services Customer Manual *Outpatient and Inpatient*



**Customer Manual - Outpatient and Inpatient
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AVAILABILITY OF OUTPATIENT LABORATORY SERVICES

POLICY:

- Full laboratory services for outpatients are available in the Outpatient Blood Drawing Room located in the main registration area of the hospital from 7:00 a.m. to 7:00 p.m. Monday through Friday and from 7:00 a.m. to 12:00 noon on Saturday. The blood drawing room is closed on Sundays and for the following holidays: New Years, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas.
- The Professional Office Building (POB) Outpatient Laboratory also offers registration services for all outpatient services, e.g. lab work, x-ray, ultra-sound, EKG, etc. and is open from 8:00 a.m. to 4:15 p.m. Monday through Friday. The POB Outpatient Laboratory is closed Saturdays and Sundays as well as the holidays listed above.
- The availability of EMSO Laboratory hours are determined by the individual EMSO sites. The offices are typically closed on Weekends and for the following holidays; New Years, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas.

PROCEDURE:

- Outpatients should report to either the Outpatient Registration Office in the center of the hospital or to the Outpatient Laboratory in the Professional Office Building.
 - The patient should bring with them the Outpatient Requisition Form from the physician and all pertinent insurance information.
 - If the test requested requires fasting, the patient should be so informed.
 - If the test requires scheduling, the appropriate extension number should be called. These numbers are listed below and also under the test name in the last section of this manual: Specimen Requirements
- Specimen drop-off:
 - Specimens delivered prior to 11:00 p.m. should be delivered to the main registration area located in the center of the hospital.
 - Specimens delivered after 11:00 pm should be delivered to the Emergency Room Registration Desk.
- Scheduled Tests: The following tests must be scheduled with the laboratory in advance to allow time for proper preparations to be made:
 - *Paternity testing ext. 2526
 - *Tolerance tests (glucose, lactose, xylose) ext. 2526
 - *Sweat Chloride test ext. 2515
 - *Therapeutic Phlebotomy ext. 2526
 - *Complete Semen exam ext. 2522
 - (post-vas does not need to be scheduled)
- Stat Testing
 - Restricted to life-threatening emergencies.
 - Other procedures will be delayed in order to process STAT testing.

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 - Restricted to life-threatening emergencies.
 - Other procedures will be delayed in order to process STAT testing.
 - STAT test availability is limited to the procedures listed on the approved STAT list.
 - Emergency phlebotomy service is available on Sundays, evenings, and holidays.
 - Report to the registration area located in the main entrance of the hospital unless it is after 11:00 p.m. or a holiday, then report to the Emergency Room located at the front of the hospital.
- Certain test procedures are processed in "batch" runs, either on a daily basis or on some other routine time frame. Batched tests are not available for analysis on a "STAT" priority.

AVAILABILITY OF INPATIENT LABORATORY SERVICES

PURPOSE: To ensure full laboratory services for inpatients are available 24 hours a day, 7 days a week.

POLICY: The laboratory will provide services to the inpatients

PROCEDURE:

- Please submit specimens and requests for routine analysis as early in the day as possible. Certain test procedures are processed in “batch” runs, either on a daily basis or on some other routine time frame. Batched tests are not available for analysis as a “STAT” priority.
- Telephone Request for specimen collection
 - Daily 7:00 am to 11:00 pm dial 2526 or page 9-713-1006
 - Daily 11:00 pm to 7:00 am page 9-713-1006
- Ordering Laboratory Tests in IMED
 - The following departments are not currently computerized and therefore will require paper requisitions for ordering procedures:

Blood Bank	use Immunohematology Requisitions
Cytology	use long blue Cytology Requisitions
Surgical Pathology	use Surgical Pathology Requisition
 - Note: Not all Laboratory Testing is orderable in IMED, so in these instances use a purple Misc. Requisition Slip
 - **ROUTINE** – The laboratory performs routine morning rounds between 0500-0730 daily. Use one of the following order types.
 - “**Lab Next AM**” – If the test is ordered the previous day for next AM collection.
 - “**This AM**” - If the test is ordered after midnight but to be drawn that morning.
 - **STAT** – The laboratory processes STAT tests 24 hours a day 7 days a week.
 - Order STAT tests in IMED as “STAT”
 - Print a copy of the requisition at the station printer.
 - Call phlebotomy informing them of the stat.
 - Give the requisition the phlebotomist upon their arrival.
 - The phlebotomist will require the requisition prior to drawing the blood; they will use this requisition to identify the patient and to determine what they will need to draw.

- **CANCELLED** - Cancelled orders must always be called to the laboratory
 - If the order has not been collected yet call Phlebotomy at x2526. If
 - If the order has been collected call the department performing the test.
 - An order can only be canceled if the test has not been completed. The laboratory will cancel the order in the computer system. After 19:00 call x2510
- **ADD ON ORDERS** – Add on orders must always be called to the laboratory.
 - Monday thru Saturday 0700 – 1500 call ext. 2526
 - Monday thru Saturday after 1500 and Sunday call ext. 2510.
 - Laboratory staff will determine if the requested testing can be added to a previous specimen or if a recollection is necessary.
 - All tests must be ordered in I-Med on the Nursing Unit or in the Emergency Room by the Provider.
 - A copy of the Verbal Orders Policy can be found in this manual.

MEDICARE COMPLIANCE

PURPOSE: Medicare will only pay for tests that are medically necessary and accompanied by a valid diagnosis to warrant the test. Medicare does not routinely pay for screening tests.

POLICY: The laboratory may refuse testing if a pertinent diagnosis is not given and the patient does not sign an ABN (Advance Beneficiary Notice) form. Evangelical Community Hospital has developed an ABN (Advance Beneficiary Notice). If Medicare does not cover the service indicated on the ABN, then by signing the ABN, the patient is accepting responsibility for payment.

PROCEDURE:

- At the point of registration the need for an ABN will be assessed.
- If the requested tests do not meet the criteria for Medicare payment, the patient will be offered the option to sign an ABN after appropriate counseling regarding responsibility for payment.
- The patient will be asked to contact their physician for further guidance if they wish to not sign the ABN.
- If a valid diagnosis is not provided the physician will be contacted to provide an appropriate diagnosis.
- Under no circumstances will the registration or laboratory change or add a diagnosis to the physician order.

ORDERABLE PROFILES

PURPOSE: Medicare has defined nomenclature for orderable profiles to ensure consistency facility to facility.

POLICY: Evangelical Community Hospital will adhere to the Medicare nomenclature and update accordingly.

The following is a breakdown of all orderable profiles. Each profile is billed using the CPT codes listed. Note that some profiles are billed using each separate component CPT code. Any of these tests may be ordered individually if the entire profile is not necessary.

ANERGY PANEL CPT - 86580

CANDIDA (SKIN TEST)
PPD (SKIN TEST)

COMPREHENSIVE METABOLIC PANEL

CPT - 80053

ALBUMIN
ALKALINE PHOS
BUN
CALCIUM
CREATININE
ELECTROLYTES (*SODIUM, POTASSIUM, CHLORIDES, CO2*)
GLOBULIN
GLUCOSE
SGOT
SGPT
TOTAL BILIRUBIN
TOTAL PROTEIN
CALCULATED TESTS
ANION GAP
ALBUMIN/ GLOBULIN RATIO
GLOBULIN
BUN/ CREATININE RATIO

BASIC METABOLIC PANEL CPT - 80048

BUN
CALCIUM
CREATININE
GLUCOSE
ELECTROLYTES (*SODIUM, POTASSIUM, CHLORIDES, CO2*)

ELECTROLYTES (LYTES) CPT - 80051

SODIUM
POTASSIUM
CHLORIDES
CO2

LIPID PANEL CPT - 80061

CHOLESTEROL
HDL
LDL CALCULATED
TRIGLYCERIDES

RENAL FUNCTION PANEL CPT - 80069

ALBUMIN
BUN
CALCIUM
CREATININE
ELECTROLYTES (*SODIUM, POTASSIUM, CHLORIDES, CO2*)
GLUCOSE
PHOSPHORUS

SYNOVIAL FLUID ANALYSIS CPT - SEE BELOW

CRYSTALS	89060
GLUCOSE	82947
MUCIN CLOT	83872
RBC	89050
RHEUMATOID FACTOR	86430
TOTAL PROTEIN	84155
WBC	89050

HEPATIC FUNCTION PANEL CPT - 80076

ALBUMIN
ALKALINE PHOS
DIRECT BILIRUBIN
TOTAL BILIRUBIN
SGOT
SGPT
TOTAL PROTEIN

ACUTE HEPATITIS PROFILE CPT - 80074

HEPATITIS A IgM ANTIBODY
HEPATITIS B CORE IgM ANTIBODY
HEPATITIS B SURFACE ANTIGEN
HEPATITIS C ANTIBODY

QUALITY ASSURANCE OF LABORATORY RESULT REPORTING

PURPOSE: All laboratory results are subject to random errors that occur without prediction or regularity, and to systematic errors due to inherent factors in the analytical assay system. We welcome and encourage inquiries about the utilization of laboratory services and hope that you will be alert to possible errors in test results and help us obtain the information needed to resolve problems.

POLICY: The laboratory will investigate all reports of potential errors in test results. The laboratory will provide follow-up communication to the person reporting the potential error.

PROCEDURE:

- As soon as a potential error is identified, please call the laboratory at (570)522-2510. Your call will be directed to the appropriate department for investigation.
 - Indications of potential errors.
 - missing results
 - physiologically impossible results
 - unexpected marked changes in results
 - results not matching clinical findings
- The laboratory will conduct a thorough investigation to determine if an error occurred and the cause of the error if applicable.
 - Causes of errors
 - transcription error in written or telephoned requests
 - transcription error in written or telephoned reports
 - incorrect test requested
 - incorrect patient sampled
 - drug or diet interference
 - incorrect timing of specimen collection
 - contamination of specimen with IV fluid
 - bacterial contamination
 - age or storage/transport time of specimen inappropriate for valid results
 - technical error in testing
 - instrument/analytical system failure
 - The laboratory investigation may include:
 - Check for clerical errors
 - Repeat the analysis on the same specimen (most specimens are retained for 48 hours)
 - Repeat the analysis on a new specimen

Reference Laboratory

Purpose: Contracts are maintained with reference laboratories to process specimens which can not be processed at Evangelical Community Hospital Laboratory.

Policy: Selection of reference laboratories will be based primarily on quality. All reference laboratories must be CLIA-certified.

Procedure:

- Specimens which are referred to the reference laboratories are picked up Monday through Saturday.
- Specimens received by 1100 will routinely be picked up the same day.
- Results will be forwarded to the ordering provider either via office printer / fax machine or paper format.
- Turn around time to result for a particular test may be obtained by calling (570)522-2510.

SUPPLIES FOR CLINICS AND PHYSICIAN OFFICES

PURPOSE: For the patient's convenience the laboratory will supply clinics and physician offices with the necessary supplies to collect specimens to be processed at Evangelical Community Hospital Laboratory. The laboratory will also make available any necessary patient instructions.

POLICY: Supplies will only be provided for the collection of specimens to be processed at Evangelical Community Hospital Laboratory.

PROCEDURE:

- Indicate the quantity of the supply item on the Supply Request Form.
 - A copy of the form is available in this manual
- Fax the completed request to (570)522-2705.
- For offices with access to the hospital Keane system, please inquire at (570)522-4446 about placing your orders electronically.
- If you are an office with hospital courier service, your supplies will be delivered. Otherwise, you may pick up your supplies in the laboratory.

Evangelical Community Hospital, Laboratory Services
One Hospital Drive, Lewisburg, Pa. 17837

Supply Request Form

FAX this form to 570-768-3927

Customer Name: _____

Phone Number: _____

Evangelical Hospital will provide specimen collection supplies **ONLY** for testing performed at our Laboratory.
 All supplies will be provided in compliance with Stark Law Regulations.

Qty	Description	Qty	Description
	Test Request Forms & Labels		Cytology
	General Lab (Pack of 250)		Cardboard Slide Holders - each
	Histology (Pack of 100)		Fixative Spray - 1 can
	Cytology (Pack of 100)		Pap-Pak w/Brush (Conventional PAP) (Box of 25)
	STAT Labels - <i>Green Neon</i> (30 per sheet)		Liquid Base PAP Test - 25 vials & 25 Cervical "brooms"
	Labels for Formalin Containers (30 per sheet)		Liquid Base PAP Test - 25 vials & 25 Combi Devices
	Specimen Collection Supplies		CE Snapoff Brushes - 1 bag (50)
	5 ml Vacutainer Tube SST - Box of 100		Broom/Brush Combi Device (Pack of 25)
	3.5 ml Vacutainer Tube SST - Box of 100		Container for Urine Cytology - 1 each
	10ml Plain Brick Top Tube - Box of 100		FNA & Breast Aspirations (Cytology mixes)
	7ml Plain Brick Top Tube - Box of 100		Histology
	4ml Lavender Top (CBC) - Box of 100		Tissue Bottles w/Formalin
	2.7ml Light Blue Top (Coag) - Box of 100		30 ml (tray of 36)
	Tube, ESR Vac 1.2 ML Auto Plus		60 ml (tray of 25)
	7ml Grey Top Tube - Box of 100		120 ml (tray of 25)
	4 ml Green Top Tube - 1 each		250 ml (each)
	3.0ml Light Green Vac. Tube PST - Box of 100		Formalin 10% Buffered 4 L
	4.5ml Light Green Vac. Tube PST - Box of 100		Formalin 10% Cube
	Vacutainer Holder (250 in bag)		RPMI (Cytology processes)
	Tourniquets - Box of 250		Cyto Rich (Cytology processes)
	Vac Needle 22 x 1-1/4" - Box of 100		Petri Dishes (pack of 10)
	Vac Needle 21 x 1-1/4" - Box of 100		16 oz. Container with lid - 1 each
	Needles Butterfly 21 ga. - Box of 50		32 oz. Container with lid - 1 each
	Needles Butterfly 23 ga. - Box of 50		64 oz. Container with lid - 1 each
	Plastic Spec. Bags (Bio-Hazard) - Pkg of 50		168 oz. Container with lid - 1 each
	Plastic Spec. Bags 12x15 (Bio-Hazard) Pkg of 25		Urine Containers
	Pipets, Dispo Transfer - Box		24 Hr. Urine Container, Plain - 1 each
	Plastic Transport Tubes, Plastic Screw Cap (bag)		24 Hr. Urine Container, w/HCL - 1 each
	Microbiology		Urine Containers, Individual <i>Cups</i> -1 each (100 in a Case)
	Aerobic Culture Swab-1 ea (strep)(Liquid Stuarts)		Urine Containers, Culture Kits - Case
	Anaerobic Culture Swab (E-Swab) - 1 each		Urine Transfer Kits - 1 each
	MRSA Swab - 1 each (<i>also rapid ob strep</i>)		Urine Hats = Pan, Specimens measuring commode
	Stool Collection Kits - 1 each		Miscellaneous
	GC & Chlad. Collection Kit FEMALE - 1 each		Kit for Nasal Washing - 1 Sterile saline & 1 Bulb - 1 unit
	Viral Transport Media (Pertusis) (HSV) - 1 each		Labels for Tubes
	HPV Kits - 1 each		Unsterile Gauze
	Nasal Pharyngeal Swab (Liquid Stuarts) 1 each (Flu)		Prepad, Alcohol - Med (200 bx)
	Aerobic Culture Bottle - 1 each		
	Anaerobic Culture Bottle - 1 each		
	Pediatric Culture Bottle - 1 each		
			<i>Revised 9/12/2011</i>
			FOR LABORATORY USE ONLY
ORDERED BY -		Order Filled on DATE _____	TECH _____

Drug Reference Name List

DRUG LISTED	DRUG TO BE ORDERED	DRUG LISTED	DRUG TO BE ORDERED
Acetaminophen	Acetaminophen	Kanamycin	Amikacin
Adapin	Doxepin		
Alcohol	Ethanol	Lanoxin	Digoxin
Amikin	Amikin	Librium	Chlordiazepoxide
Amoxapine	Amoxapine	Lignocain	Lidocain
Asendin	Amoxapine	Lithonate	Lithium
Aspirin	Salicylate		
Aventyl	Nortriptyline	Marijuana	Cannabinoids
AZT	Zidovudine	Meperidine	Meperidine
		Mexitil	Mexiletine
Cannabis	Cannabinoids	Mexiletine	Mexiletine
Cannabinoids	Cannabinoids	Mylepsin	Primidone
Cardioquin	Quinidine	Mysoline	Primidone
Dalmane	Flurazepam	NAPA	N-Acetyl Procainamide
Darvon	Propoxyphene	Norpace	Disopyramide
Demerol	Meripidine		
Depakene	Valproic Acid	Pamelor	Amitriptyline
Depakote	Valproic Acid	Phenobarbital	Phenobarbital
Depamide	Valproic Acid	Phenobarbitone	Phenobarbital
Desyrel	Trazodone	Pronestyl	Procainamide
Dilantin	Phenytoin	Prozac	Fluoxetine
Dolophine	Methadone		
Doxepin	Doxepin	Rivatriol	Clonazepam
Elavil	Amitriptyline	Salicylic Acid	Salicylate
Elixophyllin	Theophylline	Salicylate	Salicylate
Encainide	Encainide		
Enkaid	Encainide	Tegretol	Carbamazepine
		Thorazine	Phenothiazine
Garamycin	Gentamicin	Tonocard	Tocainide
Gentamicin	Gentamicin	Triavil	Amitriptyline
		Tylenol	Acetaminophen
Haldol	Haloperidol	Valium	Diazepam
Haloperidol	Haloperidol		
		Xylocain	Lidocaine

ECH Laboratory Quick Reference – Blood Collection Tubes

Chemistry/Profiles	Special Chemistry	Therapeutic Drug Monitoring	Hematology
Comprehensive Metabolic Panel	Beta HCG – Qualitative Urine	Acetaminophen	CBC & Plt w/ auto diff
Lipid Panel	Beta HCG – Quantitative Serum	Carbamazepine	Hemoglobin & Hematocrit
Glucose Tolerance Test	CA 15-3	Digoxin	Platelet Count Only
	CA-125	Dilantin / Phenytoin	Reticulocyte Count
Lactose Tolerance Test	CEA	Gentamicin	Sedimentation Rate (ESR)
Hepatic Function Panel	Cortisol – Serum	Lithium	PERIPHERAL BLOOD SMEAR
Basic Metabolic Panel	Estradiol	Phenobarbital	Review by Pathologist
Renal Function Panel	Ferritin	Salicylate	Manual WBC Differential
Acute Hepatitis Panel	Folic Acid – <i>Protect From Light</i>	Theophylline	Extra Slide
Routine Chemistry	FSH	Tobramycin	
Albumin	GC / Chlamydia DNA Probe	Valproic Acid	Other Laboratory Studies
Ammonia – On Ice	Glycohemoglobin	Vancomycin	AFP Tetra
Amylase	Helicobacter pylori Abtdy	Coagulation	AFP X-Tra profile (Triple Test)
Bilirubin (direct)	Hepatitis A IgM Antibody	APTT	Alpha 1 Antitrypsin
Bilirubin (total)	Hepatitis B Surface Antibdy Qnt	Bleeding Time	Alpha Feto Protein – Tumor
Bilirubin (Micro) up to 1 year	Hepatitis B Surface Antigen	D-Dimer	Amiodarone
B-Type Natriuretic Peptide	Hepatitis C Antibody	Fibrinogen	Amisulpride w/ Nortriptyline
BUN (urea nitrogen)	Hepatitis C RNA Qnt. Viral Load	Fibrin Split Products (FSP)	Anti-Mitochondrial Antibody
Calcium	Iron	Prothrombin Time (PT)	Anti-Nuclear Antibody (ANA)
Cholesterol	Luteinizing Hormone	Microbiology	Anti-Nuclear DNA Antibody
Cholesterol, LDL Fraction	Prolactin		Anti-Thyroid Antidodies
CPK	Progesterone		Beta 2 Microglobulin
CPK-MB Fraction	Prostatic Specific Antigen, Diag		CA – 19-9 Antigen
Creatinine W/GFR	Prostatic Specific Antigen, Scrn	Culture, Anaerobic	CA 27.29(Experimental)Antigen
Electrolytes	Rubella Antibody Screen, IgG	Culture, Blood	Complement C3
GGT	Serum Osmolality	Culture, Body Fluid	Complement C4
Glucose, Fasting	Sweat Chloride	Culture, Ear	Cytomegalovirus IgG
Glucose, Random	Transferrin	Culture, Eye	Cytomegalovirus IgM
Glucose () hr. Post-prandial	T3 Uptake	Culture, Herpes Simplex	DHEA Sulfate
Glucose, 50 gram 1hr. screen	T4 (Thyroxine)	Culture, Joint Fluid	Epstein Barr – VCA IgG
Glucose, 100 gram 1hr. screen	TSH	Culture, Mouth	Epstein Barr – VCA IgM
Kelones Serum	T4-Free	Culture, Mycology (Fungus)	Estrilol
Lactic Acid – On Ice	Troponin I	Culture, Nasal	Flecainide
LDH	Vit B12	Culture, Sputum	FTA-Absorbed
Lipase	Urinalysis / Microscopy	Culture, TB (AFB)	Haptoglobin
Magnesium	Occult Blood – Stool, Diag.	Culture, Throat	Homocysteine, Serum
Phosphatase Acid	Occult Blood – Stool, Screen	Culture, Tissue	IgG Subclasses 1-4 Total
Phosphatase Alkaline	Urinalysis, Routine	Culture, Ureaplasma Urealytic	ImmunoElectro. w/Immuno qnt
Phosphorous	Urinalysis, Culture if Indicated	Culture, Urogenital (not GC)	Immunoglob Quant A,G,M
Potassium	Semen Exam Complete	Culture, Wound	LDH Isoenzymes
Prealbumin	Semen Exam – Post Vasectomy	SMEARS	Lead, Quantitative
Protein/Albumin/Globulin	Urine Chemistry	Gram Stain, Direct Smear	Legionella Pneum. Abdy
Protein (total)	Random Urine Spec	Mycology Smear, Direct	Lyme Abx w/ reflex to W. Blot
SGOT (AST)	24 hour Urine Spec	TB (AFB) Smear	Mycoplasma Pneumo Atby IgM
SGPT (ALT)	2 hour Urine Spec	SCRNS AND DIRECT ANG	Nortriptyline (Aventyl)
Sodium	Amylase Urine	MRSA Screen	N Teleopeptide (Osteomark)
Triglycerides	Calcium Urine	Rapid A Strep Screen	Primidone w/ Phenobarbital
Uric Acid	Catecholamines (total)	Rapid B Strep Screen OB/Gyn	Protein C & S Activity
Fluid Analysis	Chlorides, Urine	Rapid Influenza A & B	Protein Electrophoresis, Serum
Synovial Fluid Analysis	Citrate (Citric Acid)	RSV Direct Antigen	PTH Intact w/ Calcium
Body Site:	Creatinine Clearance (hgt / Wt)	S. Pneum. Antigen urine	RBC Folate w/ Hct
Serology	Creatinine, Urine	Strep Screen Throat	Rubeola Antibody IgG
ASO Screen	5-HIAA	Strep Screen OB/Gyn	Sjogren's Antibodies SSA /SSB
Cold Agglutinins	17-Hydroxy Corticoids	VRE Screen	T3 – Free
C Reactive Protein (CRP) qnt	17-Keto Steroids	STOOL TESTS	T3 – Total
CRP High Sensitivity	Immuno Electro. Urine	Campylobacter Antigen	Testosterone Free, Weak, Total
HIV 1/2 Antibdy (need signed Consent)	Metanephrienes	Culture Stool Salmonella / Shig	Testosterone Total
Legionella Antigen (urine)	Micro Albumin Urine	Culture, Yersinia	Varicella Zoster IgG
Monospot	Osmolality, Urine	C diff Toxin A & B	Vitamin D 25 Hydroxy
PPD	Oxalate	Cryptosporidium Antigen	
Rheumatoid Arthritis (RA) Qual	Phosphorus, Urine	E. Coli 0157	
Rheumatoid Arthritis (RA) Quant	Potassium, Urine	Fecal Leukocytes (WBCF)	
RPR w/Reflex to FTA	Protein (quant.) Urine	Giardia Spec. Antigen (GSA)	
Blood Bank	Sodium, Urine	Stool for Ova & Parasites	
ABO group and RH Type	Uric Acid, Urine		
Antibody Screen	VMA		
Direct Antiglobulin Test (Coombs)			
Rh Immune Globulin (RhoGam)			

Color Key	Tube Top Color	Additive	Keane Order Number	Keane Order Num – Peds
	Yellow Top	SST – Clot Activator		
	Lavender Top	EDTA		
	Brick Top	None – Sterile		
	Light Green Top	Lithium Heparin		
	Dark Green Top	Sodium Heparin		
	Light Blue Top	Sodium Citrate		
	See Specimen Requirements	or Consult the laboratory	n/a	n/a

CRITICAL VALUES LIST AND POLICY

PURPOSE: A critical laboratory value is a test result that indicates a potentially life threatening condition, perhaps not clinically obvious, that requires immediate treatment. The technologist that performs the analysis will notify the requesting location (nurses station, physician's office) of the result.

POLICY: The attending physician is to be notified immediately, either by the nurse if an inpatient, or the lab in the case of an outpatient.

Note: If an error of any kind is suspected, notify the physician first and then investigate the cause.

CHEMISTRY

<u>Test</u>	<u>Low</u>	<u>High</u>	<u>Reference</u>
Acetaminophen		>150	Ortho Clinical, Vitros 5.1, Operators Manual
Alcohol		>400	Ortho Clinical, Vitros 5.1, Operators Manual
Ammonia		>40	Interpretation of Diagnostic Tests, 7th Ed., Wallach, MD
Amylase		>200	Interpretation of Diagnostic Tests, 7th Ed., Wallach, MD
Bilirubin, Neonatal		>15	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
BUN		>80	Interpretation of Diagnostic Tests, 7th Ed., Wallach, MD
Calcium	<7	>12	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Carbamazepine		>12	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Chloride	<80	>115	Interpretation of Diagnostic Tests, 7th Ed., Wallach, MD
CO2	<10	>40	Interpretation of Diagnostic Tests, 7th Ed., Wallach, MD
Creatinine		>5	Interpretation of Diagnostic Tests, 7th Ed., Wallach, MD
Digoxin		>2.5	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Gentamicin Peak		>12	Ortho Clinical, Vitros 5.1, Operators Manual
Gentamicin Trough		>2	Ortho Clinical, Vitros 5.1, Operators Manual
Glucose	<50	>400	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Positive HIV			CAP
Lactic Acid		>36	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Lithium		>2.5	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Magnesium	<1.2	>5.0	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Osmolality, Serum	<265	>320	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Phenytoin		>40	Interpretation of Diagnostic Tests, 7th Ed., Wallach, MD
Phenobarbital		>60	Interpretation of Diagnostic Tests, 7th Ed., Wallach, MD
Phosphorus	<1		Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Potassium	<2.5	>6.5	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Pre-albumin	<11		Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Salicylate		>30	Ortho Clinical, Vitros 5.1, Operators Manual
Sodium	<125	>150	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Theophylline		>20	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Tobramycin, Peak		>12	Ortho Clinical, Vitros 5.1, Operators Manual
Tobramycin, Trough		>2	Ortho Clinical, Vitros 5.1, Operators Manual
Uric Acid		>12	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Valproic Acid		>120	Interpretation of Diagnostic Tests, 7th Ed., Wallach, MD
Vancomycin, Peak		>40	Ortho Clinical, Vitros 5.1, Operators Manual
Vancomycin, Trough		>10	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley

SPECIAL CHEMISTRY

<u>Test</u>	<u>Low</u>	<u>High</u>	<u>Reference</u>
APTT		>100	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Bleeding Time		>15	
Fibrinogen	<100	>700	Interpretation of Diagnostic Tests, 7th Ed., Wallach, MD
Prothrombin Time		>40	Chest 1998; 114(suppl):4395-4695
INR		>4	Chest 1998; 114(suppl):4395-4695

CRITICAL VALUES LIST AND POLICY (Cont.)

<u>HEMATOLOGY</u>			
<u>Test</u>	<u>Low</u>	<u>High</u>	<u>Reference</u>
Hematocrit	<20	>60	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Hemoglobin	<7	>20	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Platelet, Adult	<40,000	>1,000,000	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Platelet, Pediatric	<20,000	>1,000,000	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
WBC	<2,000	>30,000	Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley
Blast Cells, (If not previously reported)			Laboratory Test Handbook, 5th Ed., Jacobs, DeMott, and Oxley

<u>MICROBIOLOGY</u>	
<u>Test</u>	<u>Reference</u>
Positive Blood Culture	Manual of Clinical Microbiology, 8th Ed., 2003, ASM Press
Clostridium in a wound culture	Manual of Clinical Microbiology, 8th Ed., 2003, ASM Press
Positive CSF culture or gram stain	Manual of Clinical Microbiology, 8th Ed., 2003, ASM Press
Positive TB (AFB) culture or smear	Manual of Clinical Microbiology, 8th Ed., 2003, ASM Press
Positive stool for Salmonella, Shigella, E.coli 0157	Manual of Clinical Microbiology, 8th Ed., 2003, ASM Press
Positive systemic fungal culture	Manual of Clinical Microbiology, 8th Ed., 2003, ASM Press
Beta-hemolytic Strep in throat culture	Manual of Clinical Microbiology, 8th Ed., 2003, ASM Press
Positive Group A Strep test	Manual of Clinical Microbiology, 8th Ed., 2003, ASM Press
Positive joint, bone, pericardial, pleural, peritoneal, or thoracentesis fluid culture or gram stain	Manual of Clinical Microbiology, 8th Ed., 2003, ASM Press
Positive eye culture for <u>Staph aureus</u> or pure culture of any pathogen	Manual of Clinical Microbiology, 8th Ed., 2003, ASM Press
Positive Rapid Antigen Detection Kits	Dr. Kryston

STAT TEST LIST ONLY THE FOLLOWING TESTS ARE AVAILABLE ON STAT BASIS

CHEMISTRY DEPARTMENT

ROUTINE CHEMISTRIES

Albumin	Fetat Fibronectin
Alkaline Phosphatase'	GGT (Gamma Glutamy Trans)
Ammonia	Glucose
Amylase	HCG - Serum
Bilirubin Direct	Ketones
Bilirubin Micro	Lactic Acid
Bilirubin Total	LDH (Lactate Dehydrogenase)
B-Type Natriuretic Peptide	Lipase
BUN (Blood Urea Nitrogen)	Magnesium
Calcium	Phosphorus
CK (same as CPK)	Progesterone
CK-MB	Prolactin
Comp. Metabolic Panel	Protein
Cortisol	SGOT / AST
Creatinine	SGPT / ALT
CSF (All Chemistries)	Troponin
Electrolytes (Na,K,Cl,TCO2)	Uric Acid

DRUGS

Acetaminophen	Phenytoin/Dilantin
Carbamazepine	Salicylate
Digoxin	Theophylline
Ethanol/Alcohol	Tobramycin
Gentamicin	Valproic Acid
Lithium	Vancomycin

COAGULATION

APTT	Fibrinogen
Bleeding Time	FSP (Fibrin Split Products)
D-Dimer	PT (Prothrombin Time)

HEMATOLOGY DEPARTMENT

CBC (Complete Blood Count)	Rapid Group A Strep Detection
Fluid Cell Counts	Rapid Group B Strep Detection
H & H	Rapid Influenza (Wash preferred) or (Nasalphar. Swab/Must crush Ampule)
Retic Count	R.S.V. (Wash preferred) or (Nasalphar. Swab/Must crush Ampule)
Sedimentation Rate(ESR)	

MICROBIOLOGY DEPARTMENT

Blood Culture (specimen collection)	KOH Prep
E. Coli 0157	Trichomonas Rapid Test
Gram Stain (Direct Smear)	

URINALYSIS

Routine Urinalysis	HCG - Urine
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BLOOD BANK

ABO Group and RH Type	RhoGam
Antibody Screen (Indirect Coombs)	Type and Screen
Crossmatch of Blood Units for Transfusion	Urine Drug Screens
Direct Antiglobulin Test (Coombs)	

ECH Laboratory Reflex Testing

Reflexive testing has been utilized in many hospitals to help eliminate delays in necessary follow-up testing. The following list of automatic reflexive tests has been approved by the medical staff.

Rapid Group A Strep - Negative then perform Strep Screen Throat Culture

HIV 1 - Reactive then perform Western Blot (sent out to Reference lab)

RPR - Reactive then perform FTA

RA Screen - Positive then perform RA Quant

ASO Screen - Positive then perform ASO Titer

Antibody Screen (Blood Bank)- positive then perform antibody identification

CBC - Any differential counts abnormal then perform manual differential.

CPK - Greater than 180 and patient is over age 18 then perform CPKMB fractionation.

Lipid Panel – Triglycerides greater than 400 mg/dl then perform LDL.

PAP Smears submitted in liquid media resulted as ASCUS will be tested for HPV.

TSH <0.49 or >4.67 and ordering physician is F. Teichman, K. Wolverson, R. Stankiewicz, J. Redcay or M. Fullana-Jornet then perform Free T4.

Culture and Sensitivity ordered on OR specimen then perform Direct Gram Stain.

Urinalysis – Routine urinalysis specimens receive a microscopic examination **only** if the following criteria are met:

If clarity is other than clear.

If protein is other than negative.

If nitrite is positive.

If leukocyte esterase is other than negative.

If blood is other than negative.

Urinalysis - Culture If Indicated. A culture will be performed if the any of the following criteria are met:

1. Dipstick positive for nitrite
2. Dipstick positive for leukocyte esterase
3. Microscopic exam yields greater than 10 bacteria
4. Microscopic exam yields greater than 5 WBC's
5. Microscopic exam yields presence of yeast

Note: There are now two orderable tests for urinalysis - "Routine urinalysis" and "Routine urinalysis, culture if indicated". The test "Routine urinalysis" will not generate the reflexive ordering of a culture.

ECH LABORATORY TESTING SCHEDULE		
<u>Test Name</u>	<u>Day Test Performed</u>	<u>Last Time Test is Run</u>
HEMATOLOGY/URINALYSIS		
CBC & Platelets w/auto diff.	Daily	24 Hours a Day
Fecal Leukocytes	Daily	24 Hours a Day
Hemoglobin & Hematocrit	Daily	24 Hours a Day
Manual WBC Differential	Daily	24 Hours a Day
Occult Blood-Stool	Daily	24 Hours a Day
Peripheral Blood Smear	Mon. - Fri.	Scheduled
Platelet Count Only	Daily	24 Hours a Day
Rapid "A" Strep Throat	Daily	24 Hours a Day
Rapid "B" Strep OB/GYN	Daily	24 Hours a Day
Reticulocyte Count	Daily	24 Hours a Day
RSV Antigen (Swab)	Daily	24 Hours a Day
Sedimentation Rate (ESR)	Daily	24 Hours a Day
Semen Exam-Complete	Mon. - Fri.	Scheduled
Urinalysis, Routine	Daily	24 Hours a Day
Beta HCG, Qualitative Urine	Daily	24 Hours a Day
Semen Exam - Complete Analy.	Mon. - Fri.	7am - 10am
Semen Exam-Post Vas.	Mon. - Fri.	7am - 7pm
BLOOD BANK		
ABO group and Rh type	7 Days	24 Hours a Day
Anergy Panel	7 Days	7am - 6pm
Antibody Screen	7 Days	24 Hours a Day
Direct Antiglobulin Test	7 Days	24 Hours a Day
Monospot	Batched Mon.-Fri.	7am - 2pm
PPD	7 Days	7am - 6pm
Rh Immune Globulin	7 Days	24 Hours a Day
RPR	Mon. - Fri.	7am - 12noon
CHEMISTRY		
Acetaminophen	Daily	24 Hours a Day
Albumin	Daily	24 Hours a Day
Ammonia	Daily	24 Hours a Day
Amylase	Daily	24 Hours a Day
APTT	Daily	24 Hours a Day
Beta HCG, Quant. Serum	Daily	24 Hours a Day
Bilirubin (direct)	Daily	24 Hours a Day
Bilirubin (micro)	Daily	24 Hours a Day
Bilirubin (total)	Daily	24 Hours a Day
Bleeding Time	Daily	24 Hours a Day
BUN	Daily	24 Hours a Day
B-Type Natriuretic Peptide	Daily	24 Hours a Day
CA-125	Daily	24 Hours a Day
CA-15-3	Daily	24 Hours a Day
Calcium	Daily	24 Hours a Day
Carbamazepine	Daily	24 Hours a Day
CEA	Daily	24 Hours a Day
Chlorides, Urine	Daily	24 Hours a Day
Cholesterol	7 Days	24 Hours a Day
Cholesterol, LDL Fraction	7 Days	24 Hours a Day

ECH LABORATORY TESTING SCHEDULE		
Test Name	Day Test Performed	Last Time Test is Run
Comprehensive Metabolic Pnl.	Daily	24 Hours a Day
Cortisol - Serum	Daily	24 Hours a Day
CPK	Daily	24 Hours a Day
CPK (MB Fraction)	Daily	24 Hours a Day
Creatinine	Daily	24 Hours a Day
Creatinine Clearance	Daily	24 Hours a Day
Creatinine, Urine	Daily	24 Hours a Day
D-Dimer	Daily	24 Hours a Day
Digoxin	Daily	24 Hours a Day
Dilantin/Phenytoin	Daily	24 Hours a Day
Electrolytes	Daily	24 Hours a Day
Estradiol	Daily	24 Hours a Day
Ferritin	Daily	24 Hours a Day
Fetal Fibronectin	Daily	24 Hours a Day
Fibrin Split Products	Daily	24 Hours a Day
Fibrinogen	Daily	24 Hours a Day
Folic Acid	Daily	24 Hours a Day
FSH	Daily	24 Hours a Day
Gentamicin	Daily	24 Hours a Day
GGT	Daily	24 Hours a Day
Glucose Tolerance Test	Daily	Must Be Scheduled
Glucose, 100gram 1 hr Scrn	Daily	24 Hours a Day
Glucose, 50gram 1 hr Scrn	Daily	24 Hours a Day
Glucose, Fasting	Daily	24 Hours a Day
Glucose, Random	Daily	24 Hours a Day
Glucose, ___ hr. P-Prandial	Mon. - Fri.	7am - 7pm
Glycohemoglobin	Daily	7am - 7pm
Hep B Surface Antibody Qnt.	Daily	24 Hours a Day
Hep B Surface Antigen	Daily	24 Hours a Day
Hep C Antibody	Daily	24 Hours a Day
Hepatic Function Panel	Daily	24 Hours a Day
HIV Antibody	Daily	24 Hours a Day
Iron	Daily	24 Hours a Day
Lactic Acid	Daily	24 Hours a Day
Lactose Tolerance Test	Mon. - Fri.	Must Be Scheduled
LDH	Daily	24 Hours a Day
Lipase	Daily	24 Hours a Day
Lipid Panel	Daily	24 Hours a Day
Lithium	Daily	24 Hours a Day
Liver Profile	Daily	24 Hours a Day
Luteinizing Hormone(LH)	Daily	24 Hours a Day
Magnesium	Daily	24 Hours a Day
Osmolality, Serum	Daily	24 Hours a Day
Osmolality, Urine	Daily	24 Hours a Day
Phenobarbital	Daily	24 Hours a Day
Phosphatase Alkaline	Daily	24 Hours a Day
Phosphorus	Daily	24 Hours a Day
Potassium	Daily	24 Hours a Day
Potassium, Urine	Daily	24 Hours a Day
Prealbumin	Daily	24 Hours a Day

ECH LABORATORY TESTING SCHEDULE		
Test Name	Day Test Performed	Last Time Test is Run
Prostatic Specific Antig (PSA)	Daily	24 Hours a Day
Progesterone	Daily	24 Hours a Day
Prolactin	Daily	24 Hours a Day
Protein (total)	Daily	24 Hours a Day
Protein, Quant, Urine	Daily	24 Hours a Day
Protein/Albumin/Globulin	Daily	24 Hours a Day
Prothrombin Time (PT)	Daily	24 Hours a Day
Salicylate	Daily	24 Hours a Day
SGOT (AST)	Daily	24 Hours a Day
SGPT (ALT)	Daily	24 Hours a Day
Sodium,Serum	Daily	24 Hours a Day
Sodium,Urine	Daily	24 Hours a Day
Sweat Chloride	Mon. - Fri.	Must Be Scheduled
Synovial Fluid Analysis	Daily	24 Hours a Day
T3 Uptake	Daily	24 Hours a Day
T4 Thyroxine	Daily	24 Hours a Day
T4-Free	Daily	24 Hours a Day
Theophylline	Daily	24 Hours a Day
Tobramycin	Daily	24 Hours a Day
Transferrin	Daily	24 Hours a Day
Triglycerides	Daily	24 Hours a Day
TSH	Daily	24 Hours a Day
Uric Acid - Serum	Daily	24 Hours a Day
Valproic Acid	Daily	24 Hours a Day
Vancomycin	Daily	24 Hours a Day
Vitamin B12	Daily	24 Hours a Day
MICROBIOLOGY		
C. Difficile Toxin Assay	Mon. - Fri.	7am - 6pm
Chlamydia DNA Probe	Batched Mon.-Fri.	7am - 2pm
Culture, Anaerobic	Daily	24 Hours a Day
Culture, Blood	Daily	24 Hours a Day
Culture, Body Fluid	Daily	24 Hours a Day
Culture, Ear	Daily	24 Hours a Day
Culture, Eye	Daily	24 Hours a Day
Culture, GC	Daily	24 Hours a Day
Culture, Joint Fluid	Daily	24 Hours a Day
Culture, Mouth	Daily	24 Hours a Day
Culture, Mycology	Daily	7am - 6pm
Culture, Nasal	Daily	24 Hours a Day
Culture, Sputum	Daily	24 Hours a Day
Culture, Stool-Salm & Shig	Daily	24 Hours a Day
Culture, Throat	Daily	24 Hours a Day
Culture, Tissue	Daily	24 Hours a Day
Culture, Urine	Daily	24 Hours a Day
Culture, Urogenital	Daily	24 Hours a Day
Culture, Wound	Daily	24 Hours a Day
Culture, Yersinia	Daily	24 Hours a Day
E. Coli 0157	Daily	24 Hours a Day
GC DNA Probe	Batched Mon.-Fri.	7am - 2pm

ECH LABORATORY TESTING SCHEDULE		
<u>Test Name</u>	<u>Day Test Performed</u>	<u>Last Time Test is Run</u>
Giardia Specific Antigen (GSA)	Mon., Wed., Fri.	7am - 6pm
Gram Stain, Direct Smear	Daily	24 Hours a Day
Mycology Smear, Direct	Mon. - Fri.	7am - 6pm
TB (AFB), Smear	Daily	7am - 6pm
Strep Screen, OB/GYN	Daily	24 Hours a Day
Strep Screen, Throat	Daily	24 Hours a Day

USE OF OUTPATIENT LABORATORY REQUEST FORMS

PURPOSE: This policy outlines the information needed to accurately register and process patient specimens.

POLICY: A completed requisition is required to register and process patient specimens. Missing information will be requested from the ordering physician prior to processing.

PROCEDURE:

- Do not write anything in the Blank Area in the upper left hand corner. This area is used by outpatient registration to print patient demographic information that is used later by both the laboratory and the billing department at the hospital.
- Enter the following information in the blocks provided:
 - Patient FULL name (no nicknames or initials)
 - Patient address
 - Patient birth date
 - Social security number
 - Provider ordering the test (last name, first name)
 - List anyone (primary care doctor, P.A., CRNP, etc) who should receive a copy of results. (first & last name as well as address/fax number)
 - Miscellaneous information or special instructions. May include additional information that is important for proper processing of the specimen, such as "to be collected x 3"; location or source of specimen; type of collection (i.e., 24 hour, 2 hour, or random).
 - Diagnosis: A diagnosis code may be used in place of actual diagnosis. A diagnosis either written or ICD 9 code MUST be submitted. Please submit all pertinent diagnosis codes.
 - Priority: "STAT", if required
 - Collection information: For any specimen collected by a phlebotomist, nurse, physician or patient, indicate the date and time of collection as well as the initials (or name) of the individual collecting the specimen in the area marked "collected by:" and "date/time".
 - Body site: indicate the exact source of culture, (such as left knee).
 - Mark the tests required with an "X" and answer any pertinent questions regarding ordered tests. E.g. Clean Catch or CATH for urines; whether the patient is allergic to penicillin for OB Strep Screen etc.
 - The tests are listed alphabetically under the department heading in which they are performed.

ALL SPECIMENS collected MUST BE LABELED WITH the PATIENTS FULL NAME, DATE and TIME OF COLLECTION and TEST required

I-MED COMPUTER DOWNTIME PROCEDURE

PURPOSE: This procedure provides step-by-step instructions for requesting laboratory tests during a downtime of the I-MED computer system.

POLICY: This procedure will go into effect as soon as a downtime occurs, both planned and unexpected. Downtime procedures established for the hospital should be followed through the duration of downtime.

PROCEDURE:

- Nursing Staff (Unit Clerks) should order ALL of the labs requests up until the time the system goes down.
- The Laboratory will be responsible for Ordering ALL LABS that need to be collected during the period that the hospital system is scheduled to be down.
- One paper requisition (green lab requisition) will be required for each draw time. The floor will keep a copy of the requisition for a control.
 - One requisition per venipuncture. You cannot have multiple timed draws or draws x2
 - (i.e., blood cultures x2) on the same requisition.
- If the test is a stat, call phlebotomy for collection x2526. The phlebotomist will bring the original copy of the Lab Requisition and specimens to the laboratory to be processed.
- Routine specimens not collected by phlebotomists, should be brought down to the laboratory with the requisition and given to a technician for processing as soon after collection as possible.
- Completing the Requisition: The completed form MUST contain the following information in the following places:
 - The requisition contains an alphabetical list of tests under each department heading in which they are performed.
 - Patient's FULL name / Please use addressograph card. Stamp the top left part of the form with the patient's addressograph card, if available.
 - If the card is not available then fill in the top part of the form with the patient's name, billing number, medical record number, birth date, physician.
 - Physician ordering the test (last name, first name) You MUST list a physician name even if the tests were ordered by a PA or CRNP etc.
 - Miscellaneous information or special instructions. May include additional information that is important for proper processing of the specimen, such as "to be collected x 3"; location or source of specimen; type of collection (i.e., 24 hour, 2 hour, or random).
 - A diagnosis either written or ICD 9 code MUST be submitted. Registration needs the correct diagnosis to process the insurance correctly.
 - Mark the appropriate Priority: "STAT", Routine, Timed, Next a.m., if required

- Collection information: For any specimen collected by a phlebotomist, nurse, physician or patient, you MUST indicate the date and time of collection as well as the initials (or name) of the individual collecting the specimen in the area marked "collected by:" and "date/time".
- Body site: indicate the exact source of culture, (such as left knee).
- Mark the tests required with an "X" and answer any pertinent questions regarding ordered tests. E.g. Clean Catch or CATH for urines; whether the patient is allergic to penicillin for OB Strep Screen etc.
- Please see ECH Nursing Laboratory Downtime Guidelines Policy for further information.

ECH Nursing Laboratory Downtime Guidelines

GENERAL GUIDELINES:

- A completed laboratory requisition **MUST** accompany all specimens. This includes all necessary patient information, including patient name, billing number, DOB, the Date and Time the specimen was collected, and the collector's initials. This is extremely important when the patient tests are ordered in the LIS and for the Recovery Phase of the Downtime. This is needed for accurate documentation.
- Make sure all documentation is **LEGIBLE**. The laboratory staff will need to order tests using this information. Phone calls to clarify information may delay testing.
- All completed results will automatically print to the floors, including the Emergency Department from the LIS. Results will not be in iMed until the system has been recovered and all data reviewed and transmitted from the laboratory. This process may take several days to be completed.
- **Do Not Discard the paper results. This is the only copy until the Downtime Recovery Process is Complete.**
- The laboratory results will not be in MedHost until all results have been transmitted to iMed.

EXISTING ORDERS IN IMED

- All **Blood Collections** for which iMed orders have already been generated will be collected using the laboratory labels that have printed before the downtime and will be sent to the lab for processing.
- All Nurse **Collected Specimens (i.e. Urines, Stools, and Cultures)** will be handled as per current laboratory procedures. This means that the specimen **MUST** arrive in the laboratory with a requisition that contains all necessary patient information, test needed selected, and the Date/time and the Collectors Initials.

EXISTING EMERGENCY DEPARTMENT ORDERS

- All specimens should arrive with an existing white requisition and labeled specimens as per our current protocol. The specimens will be received into the laboratory and processed as usual.

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NEW INPATIENT ORDERS

- The Phlebotomy Department MUST be notified of any STAT, Timed or Immediate orders. Automatic notification of specimens needing to be collected will not exist when iMed is down.