PATHOLOGY & LABORATORY MEDICINE SERVICE

Reporting of Send-Out Test Results version 1.0

General Procedure Manual # GEN00024

Purpose:

This policy describes the appropriate reporting of laboratory sent-out tests results. The objective is to ensure that the result reporting process is performed accurately and with appropriate quality assurance oversight in a manner that reduces errors or misreporting of results.

Scope:

This pertains to all sections of the laboratory reporting sent-out tests results.

Procedure:

1. Once a send out specimen is received in the laboratory the order request number is accessioned; a unique identifier is generated as Baltimore Sent-Out (BSO).
2. The tube is labelled with the requested test and sent out to the reference laboratory.
3. As results are being generated from the reference laboratory, a report is automatically printed in the send-out area of the chemistry section.
4. The laboratory technical staff will enter results in the following manner:
   a. In Vista, go to "process data in lab menu..." option. Enter "EM" option, and then enter twice until the "unique identifier option" comes up.
   b. Enter the BSO number.
   c. Check that the identifier in the computer matches the printed report. If there is a discrepancy with the identifiers, review the original laboratory order number as a secondary identifier. Review the patient order in VISTA to confirm the BSO accession number and tests requested. Any unresolved issues must be brought to the attention of a pathologist or supervisor for review.
   d. If all patient identifiers match, enter results into VISTA using the EM "Enter Manual" entry mode. Special attention must be applied to entering send out reports as some results might require manual calculations due to differences in reporting units.
   e. The tech entering the result is responsible for correct data entry.
   f. A second technologist reviews all send out reports to validate accuracy of information on the VISTA report. The reports are initialled as proof of data review.

g. Any critical/urgent values must be called to the requesting physician or designated provider. The result will be treated in the same manner as any critical value of tests run in-house. The name of the provider notified, date, time and read-back are to be documented.
h. Results on Vista transmit to the patients' electronic record (CPRS). The following comment follows every sent-out test result: "test was done by QUEST, Chantilly VA".
i. Reports print outs are kept for a minimum of 2 years.

Note: Only results generated by the selected reference laboratory are to be submitted into the laboratory computer system.

Turnaround Time

The laboratory endeavours to keep its turnaround time (TAT) for tests as short as possible. Turn-around times are, however, highly variable, depending on the type of test and location of the reference laboratory. Average testing turnaround times can be found in the reference laboratory's test manual or website.

Erroneous Reports:

1. If it is discovered that an erroneous result has been entered in the system, the section supervisor must be notified immediately.
2. Correct the error in the computer system, notify the requesting physician and note corrections on the paper report.
3. A Laboratory Incident Report must be generated. The report must show the time, date and name of the person responsible for the change. Any communication to the provider; name, date and time of notification.
4. The Laboratory Incident Report Form, a copy of the new and original report along with any communication to the physician is to be submitted to the Quality Management Technologist.

References:

1. College of American Pathologists- Laboratory General Checklist, Northfield IL, August, 2016
2. Reporting of Critical Laboratory Tests Results SOP 113/PL-007
3. Reporting of Incidents and Safety Concerns P&LMS GEN00010

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DATE ADOPTED	*Author of Procedure/Policy*	Chief of Service
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