GP 1/3/19

Wake Forest Baptist Medical Center	Department of Laboratory Medicine and Pathology Handling of Veterinary Samples Lab Admin 19	Type:	Tier 3
		Original Effective Date:	January 19, 2017
		Current (Revised) Date:	January 19, 2017
		Contact:	Department of Laboratory Medicine and Pathology
Approval Signature:		Date of Signature:	1/24/17
Name and Title: Dr. Gregory J. Pomper			

1) **General Policy Statement:**

The purpose of this policy is to describe the intent and limitations of the process by which the Department of Laboratory Medicine and Pathology will receive veterinary samples within the main campus core laboratory for testing.

a) Scope: All WFBMC Department of Laboratory Medicine and Pathology employees, faculty and staff are responsible for complying with this policy.

b) Responsible Department/Party/Parties:
   i. Policy Owner: Department of Laboratory Medicine and Pathology
   ii. Procedure: Department of Laboratory Medicine and Pathology
   iii. Supervision: Department of Laboratory Medicine and Pathology
   iv. Implementation: Department of Laboratory Medicine and Pathology

2) **Definitions:** For purposes of this Policy, the following terms and definitions apply:
   a) WFBMC: Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.
   b) Policy: As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBMC. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBMC, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.

3) **Policy Guidelines:**
   a) **General Background Statement:**
      i. The laboratory has not performed validation, reference range studies, or other quality efforts on veterinary samples. The laboratory makes no claims of quality regarding results generated on veterinary samples.
   b) **Restrictions and Clarifications to the Handling of Veterinary Samples:**
      i. No veterinary samples will be tested using immunoassays – Beckman Access or DxI platforms. Samples should be run on Beckman AU analyzers. Other testing methods require prior approval of the section laboratory director.
      ii. The laboratory will not accept cat (feline) samples.
      iii. The laboratory will accept only blood and urine samples.
      iv. The microbiology section will not accept veterinary samples.
      v. Veterinary samples will not be run on a stat basis.
      vi. To ensure efficient processing of samples, prior to the testing of veterinary samples, receipt of all required information, completion of forms (See Appendix A and B) and scheduling

with the laboratory is required by the requesting research team.

vii. To ensure efficient processing of samples, prior to the testing of veterinary samples, coordination of the result delivery expectations, laboratory information system details, test codes, accounts, pricing, volumes, testing times, etc. need to be established between the laboratory and research team. A lead time of at 2 – 4 weeks is projected for new accounts.

viii. All requests for testing of veterinary samples must be approved by the section laboratory director prior to testing.

ix. Testing is limited to:
- Basic metabolic panel
- Comprehensive metabolic panel
- Lipid profile
- Automated complete blood count with or without differential

x. Veterinary samples will be tested separately from human specimens.

xi. Testing of veterinary samples will be performed exclusively in batch mode when run on automated instruments. A cleaning process will be performed after batch testing of veterinary samples. For example, if the testing equipment provides a washing or cleansing cycle as part of its design, then the cleansing cycle will be performed after the veterinary batch. Instrumentation will undergo multiple (up to 5 times) any washing/cleaning protocols. An alternative process such as running several blank specimens to prevent carryover may be used.

xii. Quality control will be performed and acceptable (in range) prior to resuming testing on human samples, per the section laboratory director's instructions.

4) Review/Revision/Implementation

a. Review Cycle: This policy shall be reviewed by the Department of Laboratory Medicine and Pathology at least every 2 years from the effective date.

b. Office of Record: After authorization, the Department of Laboratory Medicine and Pathology shall house this policy shall be the office of record for this policy.

5) Related Policies N/A

6) Governing Law or Regulations N/A

7) Attachments

Appendix A: Non-human Research Sample Request Form

8) Revision Dates N/A

Appendix A: Non-human Research Sample Request Form

WAKE FOREST BAPTIST HEALTH CLINICAL LABORATORIES
REQUEST FOR LABORATORY SERVICES FOR NON-HUMAN RESEARCH

NON-HUMAN SAMPLES

Before beginning research protocols involving tests or samples from the clinical laboratories, the investigator must submit this form to the section manager (chemistry or hematology) in the Department of Laboratory Medicine and Pathology to determine if the request is feasible and what costs may be incurred. Research samples will not be accepted or spun, or research results released, until (1) the research account is in place and (2) the study has been approved by section laboratory director. For new accounts, allow 2-4 weeks for approval and pricing once all forms have been submitted.

Part 1:
Project/request:

_____

Investigator _____Dept. _____Campus mail: _____

Contact Person (if different from above)

_____

Phone or Pager _____Fax:_____
Email:_____

Billing instructions: Research account No. _____Other (requires Lab Medicine approval)_____

To request research rates, fill out the Request for Laboratory Testing at Research Rate Form. Otherwise you will be charged WFBH list price.

PROJECT DESCRIPTION

Duration (start and end dates)

_____

Tests/ service requested (or see attached)

_____

Sample types (e.g, blood, urine, etc) _____
Animal (specify)_____

Total No. samples:_____Total No. Tests:_____Frequency of testing:_____

Special handling/ delivery
requirements:_____

Sample Processing:

_____

( ) Pre-spun ( ) Batch tested; Typical sample volume provided:_____

Result reporting: ( ) Report mailed ( ) Report picked up in lab

Other
(explain)_____

_____

Additional information

_____

Part 2:
REQUEST FOR LABORATORY TESTING AT SPECIAL RESEARCH RATES

Please list specific tests for which special pricing is
requested*:_____

_____

_____

_____

*Tests not listed will be charged at the hospital List Price. Note: No discount is available for Send-out tests.

Form completed by _____ Date _____

Phone _____ Email _____

* *

For Laboratory Medicine Office Use Only:

Dept. Laboratory Medicine Section Laboratory Director: ______________________________

Date Form Rec'd:___________

1. Approved: ( ) Yes ( ) No

Signature:________________________ Date:_________

Copy forwarded to the following individuals:

___________________________________ Date forwarded:___________

___________________________________ Date forwarded:___________

___________________________________ Date forwarded:___________

___________________________________ Date forwarded:___________

2. Laboratory assessment (Specify Lab _______________): Date form received: _________

Project feasible: ( ) Yes ( ) No Name:___________________________ Date:_________

Work compared to testing routine clinical samples: ( ) Less ( ) Same ( ) More

Comments:____

____

3. Date Lab Mgr notified researcher: Initials __________ Date: _________
☐ if not feasible, ☐ if no discount needed, ☐ if approved and testing date scheduled:
Initials: __________ Date: ______

Date Lab Mgr returned form to Research Coordinator if research pricing requested:

4. Research Pricing

Date forwarded to Lab Administration for pricing: __________
Date researcher notified of pricing:___________