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|  | **Outside Laboratory**  **Orders**  **OP-306-25** | **Dept:** | **Outpatient Phlebotomy 324306** |
| **Effective Date:** | **December, 2019** |
| **Revised Date:** |  |
| **Contact:** | **Rinard Howard** |
| **Name & Title: Greg Pomper, MD Medical Director** | | **Date:** |  |
| **Signature:** | | | |

1. **General Procedure Statement:** 
   1. **Purpose:**  This procedure explains how to instruct a patient who arrives at an Outpatient lab location with a requisition to perform testing at a non-Wake Forest laboratory.
   2. **Responsible Department/Scope:** 
      1. Procedure owner/Implementer: Outpatient Phlebotomy
      2. Procedure prepared by: Rinard Howard
      3. Who performs procedure: Outpatient Phlebotomy staff

1. **Procedure:**

When a patient presents to any Outpatient Phlebotomy lab location and presents an identifiable lab requisition from an outside laboratory (LabCorp, Quest, etc.) please defer the patient to the nearest associated outside laboratory / phlebotomy location. For example, if the testing is to be sent to LabCorp, then refer / recommend that the phlebotomy occur at a nearby LabCorp phlebotomy location.

1. **Explanation:**

Explain to the patient that Outside laboratories can have different processing requirements than Wake Forest Baptist Health laboratory requirements. Our phlebotomy team is not trained to know all of the specific requirements for Non-Wake Forest laboratory collections. Collection requirements are often unique to the laboratory, ie, one laboratory may use gold top tubes whereas another laboratory may use red top tubes. It is best to have blood drawn from phlebotomy locations operated by the parent laboratory in order to collect and process the samples appropriately and avoid the potential need for a redraw.

1. **Recommendations to Lab Staff:**

To help the patient with locating the nearest phlebotomy location it is encouraged that phlebotomists provide a printout with the address and phone number of a Non-Wake Forest lab location when necessary.

To do the above recommendation, access the specific lab website, search for labs near the patient’s home and print the sheet for them to take with them.

1. **Related Procedures:**
2. **References: N/A**
3. **Attachments:** **N/A**
4. **Revised/Reviewed Dates and Signatures:**

**Reviewed/Revised Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Medical Director/Designee)**

**Reviewed/Revised Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Medical Director/Designee)**

**Reviewed/Revised Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Medical Director/Designee)**

**Reviewed/Revised Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Medical Director/Designee)**

**Reviewed/Revised Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Medical Director/Designee)**

**Reviewed/Revised Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Medical Director/Designee)**

**Reviewed/Revised Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Medical Director/Designee)**

**Reviewed/Revised Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Medical Director/Designee)**

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**(Medical Director/Designee)**