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| **Laboratory Ordering/Requisitioning** |
| **Purpose** | This procedure provides instructions for LABORATORY ORDERING/REQUISITIONING. |
| **Policy Statements** | * Communication from the physician to the laboratory staff identifying which laboratory tests are needed for patient diagnosis, treatment and/or monitoring
* This procedure applies to all laboratory staff.
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| **Sample** | This procedure applies to all specimens. |
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| **Procedure** | Follow the activities in the table below for LABORATORY ORDERING/REQUISITIONING.

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| **Step** | **Action** |
| 1 | Laboratory testing can be ordered from the nursing units through the Hospital Information System (HIS) and transmitted to the Laboratory Information System (LIS) via an interface that links the two systems. The LIS will process the orders and combine those with similar times and/or priorities. A laboratory accession number is assigned to the order and is used for processing the specimen and tracking purposes. |
| 2 | Priority (STAT, Timed, ASAP,) and ER, SSU, Surgm, and CVP blood draw request labels are printed immediately in the laboratory, and ready for download via handheld device that notifies the laboratory staff. Routine designated blood draw requests default to the next scheduled draw times. Routine draw times are 0700, 1300, and 2000. (See [SCM 1.31 Phlebotomy Request Priorities (Draw times)](https://starnet.childrenshc.org/References/labsop/gen/speccol/scm-1.31-phlebotomy-request-priorities-%28draw-times%29.pdf) |
| 3 | Nurse-to-Draw (NTD) specimens can be designated as “nurse to draw” by adding the letters NTD in the comment field on the HIS. Laboratory staff will not respond to NTD test requests unless a phone call is made to the laboratory notifying them that the order was either put in incorrectly or nurse was unable to collect and therefore needs a phlebotomist to collect the specimen. Before making this phone call to the laboratory, the clinician needs to change the order from NTD to Lab-to Draw so that phlebotomists on the floor on other assignments can see the request and respond accordingly. |
| 4 | Other Nurse-Collected specimens, i.e., urines, spinal fluids and cultures test requests will be held in the LIS system until the specimen is received in the laboratory using the “order entry review” (OER) or Order Receipt/Modify (ORM) computer functions. If a requisition sheet prints on a printer located on nursing unit, this requisition is to be placed with the specimen when it is collected and sent to the laboratory. In addition to the printed information, the following three (3) items need to be completed on the requisition or specimen:1. Date and time the specimen was actually collected
2. The initials or the name of the person collecting the specimen.
3. The source/site of the collection or the type of specimen

[(See SCM 2.00 Guidelines for Labeling Specimens)](https://starnet.childrenshc.org/References/labsop/gen/speccol/scm-2.00-guidelines-for-labeling-specimens.pdf)  |
| 5 | The laboratory staff will collate the specimen with its computer order and process it appropriately. |
| 6 | ADD-ON order labels print by the processing area and are processed in the order in which they are received. If ADD-ON orders can be processed, no call to the nursing station or ordering provider will be made. However, if lab is unable to accommodate the ADD-ON request, the lab will notify the nursing station or the provider placing the order. |

Procedure notes* Laboratory testing will not be performed without computer generated orders or a written requisition from the patient’s provider.
* All paper orders should be double checked and initialed by two lab staff members prior to collection. In emergency cases, a “John Doe” emergency medical record number can be issued and appropriate testing performed.
* Verbal test requests for outpatients from physicians and physician office personnel via the telephone are not recommended (ask them to send an order with the patient whenever possible). If it is not possible to receive a written requisition, fill out a Physicians Request Form (read back the verbal order to ordering provider) and inform them we will need a written order as soon as possible.
* Laboratory must receive a written order within 30 days of the verbal request. The hard copy (written) requisition can be faxed, mailed, hand delivered or sent via pneumatic tube station to the laboratory.
* In the event of an indecipherable order, you **MUST** **contact the physician** to clarify. The orders should be rewritten and read back to the provider.
* Written outpatient test requests are scanned into the patients’ charts and will become part of permanent records.
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| **Historical Record** |  |  |  |
| **Version** | **Written/Revised by:** | **Effective Date:** |
| 1 | Test Requisition Laboratory Handbook | St. Paul 10/1986Mpls. 1991 |
| 2 | Laboratory Ordering/Requisitioning – Carol Cram | 09/2001 |
|  | 3 | Laboratory Ordering/Requisitioning – Jennifer Heimkes | 09/03 |
|  | 4 | Clarified Verbal Order process – Ken Sundberg | 08/28/2007 |
| 5 | Laboratory Ordering/Requisitioning – Daniel Shaw | 11/2010 |
| 6 | Laboratory Ordering/Requisitioning-Daniel Shaw | 6/2013 |
| 7 | Removed NTD follow-up by St. Paul Lab staff under procedure notes – Jennifer Heimkes | 9/2013 |
| 8 | Added Related Documents and clarified the process of changing NTD orders to LTD – Dawit Getachew | 05/10/2019 |
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