UnityPoint Health	Page 1 of 4	Section: UPM RL	Policy #: 25	
METHODIST				
REFERENCE LAB	Approved by: see s	ignature block at end of document	Date: 2/12/18	
			Review by: 2/12/20	
LABORATORY	Supersedes: NEW			
	Date Revised:			
	Primary Responsible Parties: Peggy Bennett			
	Secondary Responsible Parties: Deb Deeb			
	CAP Standard:	NA		
SUBJECT: AMERICAN RED	CROSS SUNQU	JEST ORDER ENTRY		

I. PURPOSE

- A. To ensure all lab staff properly identify American Red Cross specimens.
- B. Outlines the proper process required to ensure patients are entered correctly in Sunquest Lab LIS and that results are able to be released with proper information listed that is required by the client.

II. GENERAL INFORMATION

Proper registration and ordering of tests for American Red Cross specimens on the appropriate account is critical to ensuring appropriate results are received and testing is billed correctly.

III. POLICY SCOPE

Applies to all staff that process American Red Cross orders in Sunquest Lab.

IV. PROCEDURE

A. Ordering an American Red Cross Order

2296 Imerican Red Cross 05 W John Gwynn Jr Peoria, IL 51605 J09) 635-4317	Examp	UnityPoint Health - Methodist (200)/972-4111(800)/640-8601 Fax: (300)/672-4164 Elizabeth A. Bauer Akesh, MO Laboratory Medical Diversit
		Bill To: Sunquest Encounter Account
Patient ID: PMARC74689	1	
Last Name: <u>ARCPLT</u>		
First Name: 23350 Example: W12340078912340, 1123	07892234A	K12345107 Product Code
DIN Barcode	- Red Cross wi	11 Place Barcode here.
01/01/1900 PT DOB	Unk Sex	<u> 199995 - Provider not in system</u> Ordering Physician
Collection Date:	11/18	Time: 10:15
Requested Testing:		
⊠Bacterial ID (\ ⊠Gram Stain (\	/CBID) /CGRAM)	
□ Other:		

1. Launch Sunquest Order Entry>Select New patient.

Ne<u>w</u> Patient

2. In the Patient ID field type the Patient ID on the requisition. In this example, it would be PMARC74689. Then click Create. Note: Each ARC requisition has a unique patient ID.

Demographics						
PEORIA METHODIST MEDICAL						
H <u>o</u> spital ID	PRM 🖌					
<u>P</u> atient ID	PMARC74689	Create				

- 3. Fill out the following fields:
 - a. Last name, enter ARCPLT.
 - b. First name, enter the DIN code and the Product code supplied on the requisition. There is a single space in-between the two numbers.
 - c. DOB, Enter 01/01/1900

Last name	ARCPLT
First name	W2234567892234A K
Middle name	
Suffix	
Date of birth/Age	01/01/1990
Sex	UNKNOWN
Race	9

- d. Sex enter UNK.
- e. In the pane on the right, click New Episode.

Ne<u>w</u> Episode

- 4. In the Location field, enter 2296 for American Red Cross, then hit tab. The fields below will now allow values.
- 5. Account #, enter 2296
- 6. Attending Phys 1 enter 199995
- 7. Financial Class enter CBC
- 8. Then Save.

Event <u>d</u> etail			
Options	Location 2296 ~ AM		
Modi <u>f</u> y			
Special Modify	Account #	2296	
	Event type	OP ~ OUTPATIENT	quest Order Entry (25)
Dischar <u>q</u> e	Start/admit date	02/01/2018	1 2 7
New Episode	Attending phys 1	199995 ~ PROVIDER,NOT IN SYSTEM	
	Financial class	CBC ~ CLIENT BILL NON-UPC	
Cancel Changes	Admitting diagnosis		
	Event status	Active	

- 9. A new window will appear for the specimen and order information. Starting with the left side, enter the following fields.
 - a. Collection date and time
 - b. Workload code is VNON
 - c. IMPORTANT: in the Order Comment field, starting with a ; enter the patients first name again, (DIN and Product code. Must have 1 space in-between each) (i.e. ;W2234567892234A K1234567)

PMARC74689 A Date of birth 01/01/199 Soc Sec #	ARCPLT,W223 90 (28Y) Sex U	Rule Messages		
Hospital ID PRM	SPOT VCP	Order Codes	Schedule Orders	
Att Phys 1 199995 PF	ROVIDER,NOT IN S	T		
Accentys 2		Order entry	RT ~ ROUTINE	
		Order Code	Order Description	Modifier
Patient Select		VCBID	BACTERIA, DEFIN ID QC/V/Y	RT ~ ROUTINE
General information		VCGRAM	GRAM SMEAR QC/V/Y	RT ~ ROUTINE
Order account #	2296			
Order location	2296 ~ AMERIC			
Financial class	CBC ~ CLIENT			
Collect date	02/01/2018			
Collect time	10:15			
Receive date	02/01/2018			
Receive time	13:55			
Order physician	199995 ~ PROV			
Workload code	VNON ~ PRM NO			
Order comment	;W22345678922			
Bill to				
Copy to phys 1				
Copy to phys 2				
Phlebotomist code				
Number of collections	1			
STREET ADDRESS 1				

- 10. Enter the testing being requested in the Right side and then click save.
- 11. Route with the containers being requested. Take printed labels and specimen (if with orders) to Micro.

🔍 Container a	nd Specimen Entry	ĸ
Container-	Specimen List	
Container	Add	
Specimen	Remove	
Select cont	tainer/specimen	1
Container	Specimen	
SB	SPEC	
Foreign CID	Assign	
	Delete	
SPOIS		
Start SPOT	PRM 👻	
Receipt SPOT	VCP 🖌	
	Route Cancel	

MMCI Laboratory is a CAP accredited facility, as of 7/1/11 the responsibility of new and/or substantially revised policies and procedures will be restricted the Laboratory Director whose name appears on the CLIA certificate, whose signature appears below. The biennial review will be completed by the Administrative Director.

POLICY CREATION :				
Author:	Deb Deeb	Date: 2/12/18		
Medical Dire	ctor: Dr. Elizabeth Bayer-Marsh Elizabeth A. Bauer (an MO	Date: 2/12/18		

MEDICAL DIRECTOR				
DATE NAME SIGNATURE				
February 18, 2018 <i>Elizabeth Bauer-Marsh, MD</i>		Eeizaberth A. Bauer Can QMO		
SECTION ADMINISTRATIVE DIRECTOR				
February 18, 2018Dana A. Spears, BS, HTL (ASCP)		Pana A Spears		

REVISION HISTORY (began tracking 2011)					
Rev	Description of Change	Author	Effective Date		
1	Initial release	J. Turpin	2/12/18		

REVIEWED BY

Lead	Date	Coordinator/ Manager	Date	Administrative Director	Date
J. Turpin	2/12/18	Ich Deeb	2/12/18	Jana Aspears	2/12/18