**PURPOSE:**

This procedure is to ensure that when a test is cancelled it is done so properly and the appropriate action has been taken. If a test is to be cancelled due to any reason other than being a duplicate order, the individual must notify the patient’s doctor and document this in Meditech.

**PROCEDURE:**

***For respiratory therapists***

*To cancel a test:*

1. Login to Meditech.
2. Click on 110 for “Laboratory Routine”.
3. Click on 11 for “Cancel Patient Requisition”.
4. Type in the patient’s last name and hit “F9”. Select the patient that is needed.
5. Under requisition, hit “F9” to look up the requisition that needs to be cancelled. Select the requisition by clicking on the one that needs to be cancelled.
6. Hit enter.
7. Under the cancellation comments put in the appropriate cancellation comment by hitting “F4” and typing in the abbreviated cancellation code. Hit enter. If prompted to put in who was notified, do so at this point.
8. Hit “F12” to file.

***For medical technologists***

*To cancel a whole requisition:*

1. Login to Meditech.
2. Enter in “10” for Laboratory.
3. Enter in “10” for Requisitions.
4. Enter in “15” for Cancel.
5. Type in the patient’s last name and hit “F9”. Select the patient that is needed.
6. Under requisition, hit “F9” to look up the requisition that needs to be cancelled. Select the requisition by clicking on the one that needs to be cancelled.
7. Hit enter.
8. Under the cancellation comments put in the appropriate cancellation comment by hitting “F4” and typing in the abbreviated cancellation code. Hit enter. If prompted to put in who was notified, do so at this point. Hit “F12” to file.

*To cancel only one test in the requisition:*

1. Login to Meditech.
2. Enter in “10” for Laboratory.
3. Enter in “10” for Requisitions.
4. Enter in “11” for Enter/Edit.
5. Type in the patient’s last name and look up. Select the patient that is needed.
6. Under requisition, hit F9 to look up the requisition that needs to be cancelled. Select the requisition by clicking on the one that needs to be cancelled.
7. If multiple tests are under one requisition, enter down to the column “ORDER” and delete the tests by hitting backspace. Hit enter twice.
8. A pop-up window will appear for cancellation comments. Use the appropriate cancellation comment and document who was notified if necessary.
9. Hit “F12” to file.

***For phlebotomists***

*To cancel a whole requisition:*

1. Login to Meditech.
2. Click on the “Cancel requisition” icon.
3. Type in the patient’s last name and look up. Select the patient that is needed.
4. Under requisition, hit F9 to look up the requisition that needs to be cancelled. Select the requisition by clicking on the one that needs to be cancelled.
5. Hit enter.
6. Under the cancellation comments put in the appropriate cancellation comment by hitting “F4” and typing in the abbreviated cancellation code. Hit enter. If prompted to put in who was notified, do so at this point.
7. Hit “F12” to file.

*To cancel only one test in the requisition:*

1. Login to Meditech.
2. Click on the “Enter/Edit” icon.
3. Type in the patient’s last name and look up. Select the patient that is needed.
4. Under requisition, hit F9 to look up the requisition that needs to be cancelled. Select the requisition by clicking on the one that needs to be cancelled.
5. If multiple tests are under one requisition, enter down to the column “ORDER” and delete the tests by hitting backspace. Hit enter twice.
6. A pop-up window will appear for cancellation comments. Use the appropriate cancellation comment and document who was notified if necessary.
7. Hit “F12” to file.

**List of Cancellation Codes**

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| --- | --- | --- |
| **MNEMONIC** | **TRANSCRIPTION** | **NOTES** |
| CLOT | Specimen clotted. Called to: Doctor MD notified by Tech Name on Date at time. | MT or RT use only. |
| CONT | Specimen contaminated with TPN or IV fluid. Called to: Doctor MD notified by Tech Name on Date at time. | MT or RT use only. |
| DO | Duplicate order. | Not necessary to notify doctor. |
| HEMOLYZED | Specimen hemolyzed. Called to: Doctor MD: by Tech Name on Date at Time. | MT or RT use only. |
| IMPROPER | Improperly collected specimen. Called to: Doctor MD: by Tech Name on Date at Time. | Blue tube is not filled to the line, wrong collection container |
| LABEL | Mislabeled specimen identified by RN or MD. Please disregard results as these belong to a different patient. Doctor MD notified on Date at Time by Tech Name. | Use only when specimens have already been resulted. MT or RT use only. |
| LINE | Test cancelled line draw specimen not received. Called to: Doctor MD: by Tech Name on Date at Time. |  |
| LEAKING | Leaking specimen. Called to: Doctor MD: by Tech Name on Date at Time. |  |
| LIPEMIC | Lipemic specimen. Called to: Doctor MD: by Tech Name on Date at Time. | MT use only. |
| MISLABEL | Specimen or Point of Care testing report not labeled or improperly labeled. Called to: Doctor MD: by Tech Name on Date at Time. | Unlabelled tubes, unlabeled POC form. An RL incident report MUST be filed. |
| NOTRECEIVE | Test cancelled specimen not received. Called to: Doctor MD: by Tech Name on Date at Time. |  |
| NOURINE | No urine cup or gray top submitted for sediment. Called to: Doctor MD: by Tech Name on Date at Time. | MT or Phlebotomy use only. |
| QCPOC1 | Test results should be disregarded and repeated. QC results were invalid/incomplete. Called to: Doctor MD: by Tech Name on Date at Time. | POC form has no QC done (Guaiac), wrong QC entry, checkmarks submitted for QC results. MT or Phlebotomy use only. |
| QNS1 | Quantity not sufficient. Called to: Doctor MD: by Tech Name on Date at Time. | Do not use this for under filled blue top. |
| SOLID1 | Specimen is a formed or semi-formed stool. Unacceptable for testing by PCR. Called to: Doctor MD: by Tech Name on Date at Time. | For use on C.difficile testing by PCR only.  MT or Phlebotomy use only. |
| STABILITY | Specimen outside of stability limits. Called to: Doctor MD: by Tech Name on Date at Time. | For add-on, consult with technologist. Specimens unable to determine collection time, specimen outside of testing acceptability. Do not use for old urine. |
| TRANSPORT | Improperly transported specimen. Called to: Doctor MD: by Tech Name on Date at Time. | Ammonia not on ice, not kept at correct temperature, broken tubes.  Use if blood gas was submitted on ice. |
| TURBID | Extreme serum turbidity. Unable to perform test. Please recollect. Called to: Doctor MD: by Tech Name on Date at Time. | MT use only. |
| FAILURE | Failure to follow procedure. Please recollect sample and retest. Called to: Doctor MD: by Tech Name on Date at Time. | For use with point of care tests only. Example is if for a urinalysis and there are 2 results for glucose; conversely it would be used if there was no result for glucose.  MT or Phlebotomy use only. |
| UA1 | Microscopic sediment analysis not performed due to collection time > 4 hrs old. If clinically indicated, please submit a fresh specimen for microscopic analysis. Called to: Doctor MD notified on Date at Time by Tech Name. | Do not use stability.  MT or phlebotomy use only. |
| UNPHL | Unsuccessful phlebotomy. Called to: Doctor MD: by Tech Name on Date at Time. | Each phlebotomist only tries twice. Only 2 phlebs try each patient for a total of 4 draws.  Phlebotomy use only. |

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|  | **EFFECTIVE DATE: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/ 20\_\_** |
|  | Procedure Authorization: |
|  | The Laboratory Director, the Admin Director of the Laboratory, and the Technical Supervisor will initially approve each new procedure for a period not to exceed 4 years. In the event the procedure applies to additional departments, the director of that department will also approve the procedure prior to implementation. Each year the Laboratory Director or the director’s designee (Administrative Director, Laboratory) will review each procedure for appropriateness and the director will be informed of any changes prior to initialing the manual review page. If  a procedure is altered or amended the director will initial the change prior to implementation and will review the entire procedure within one year of the change. At the end of four years  the procedure will be reviewed, reprinted and approved for another 4 year period. |

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| Approved by: |  | Date: |
|  | Rebecca Osgood, M.D.  Director |  |
| Approved by: |  | Date: |
|  | Stevan E. Martin  Laboratory Manager |  |
|  |  |  |
| Reviewed by: |  | Date: |
| Reviewed by: |  | Date: |
| Reviewed by: |  | Date: |
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