

TRAINING UPDATE

Lab Location: SGAH & WAH
Department: Specimen Processing

Date Distributed: 3/19/2104
Due Date: 4/14/2014
Implementation: 4/15/2014

DESCRIPTION OF PROCEDURE REVISION

| |
|---|
| Name of procedure: |
| Test Order Modification Form, Core Lab SGAH.S17, WAH.S16 v2 |
| Description of change(s): |
| Section 2: remove shared specimen form Section 5: remove instructions for Z codes and code MSOB1 |
| This revised SOP will be implemented on April 15, 2014 |

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training all sites (version 2)

Non-Technical SOP

| | | |
|--------------------|---|-----------------|
| Title | Test Order Modification Form, Core Lab | |
| Prepared by | Leslie Barrett | Date: 7/23/2009 |
| Owner | Samson Khandagale | Date: 7/23/2009 |

| Laboratory Approval | | |
|--|------------------|-----------------------|
| Print Name and Title | Signature | Date |
| <i>Refer to the electronic signature page for approval and approval dates.</i> | | |
| | | |
| | | |
| Local Issue Date: | | Local Effective Date: |

| Review: | | |
|-------------------|------------------|-------------|
| Print Name | Signature | Date |
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1. PURPOSE

This procedure provides instructions on how to properly complete Quest Diagnostics TOM (Test Order Modification) form.

2. SCOPE

The Test Order Modification Form (TOM Form) is used for additions and/ or cancellations of Core Lab tests either in transit to Quest Diagnostics or already at Quest Diagnostics.

3. RESPONSIBILITY

All specimen processing and technologists may perform this procedure.

4. DEFINITIONS

LIS Interfaced test - A test order defined to be electronically transmitted to Quest Diagnostics Nichols Chantilly and whose results are electronically transmitted back via our Reference Lab Interface.

5. PROCEDURE

A. Add-on Requests

****COMPLETE ALL SECTIONS on TOM form****

| Step | Action |
|------|---|
| 1 | Verify with Quest Diagnostics Nichols Chantilly that there is enough sample to add-on the test. If applicable, send additional specimen. |
| 2 | Obtain TOM Form. **Use one TOM form for each accession number. |
| 3 | Enter order in LIS (see “Looking up test in LIS” below). |
| 4 | If LIS test code begins with an “X” then a. Create order batch and packing list via function ROB. b. If test is being ordered under a different accession number, then affix the LIS barcode label to the upper left hand corner of the TOM form. c. If the test is being ordered under the same accession number, then reprint the LIS barcode label and affix it to the upper left hand corner of the TOM form. |
| 5 | Check the “Add On a Test” box. |
| 6 | Section 1: Test Report <ul style="list-style-type: none"> • Please mark the appropriate box to inform Quest Diagnostics Nichols Chantilly how you want your request resulted. • See “Looking up test in LIS” chart below. |
| 7 | Section 2: Client information: <ul style="list-style-type: none"> • Fill in the current date. |
| 8 | Section 3: Specimen/Request Information <ul style="list-style-type: none"> • Fill in the Date of Collection. • Fill in the Quest Diagnostics Nichols Chantilly 8 digit accession number, if available. • Patient Name: Clearly print patient’s Last name, First name. • Fill in the patient accession number that was transmitted with the original order. • Fill in the ordering physician’s name. |
| 9 | Section 4: Add on or Cancel Information <ul style="list-style-type: none"> • Fill in the Quest Diagnostics Nichols Chantilly <u>test name</u> you wish to add. • Fill in the Quest Diagnostics Nichols Chantilly <u>test code</u> if available to add. • Current Specimen Location: Please indicate if the specimen is already at Quest Diagnostics Nichols Chantilly or if it is en route. • Mark the Specimen Type. |
| 10 | Section 5: Request Authorization <ul style="list-style-type: none"> • Sign your name as authorized signature. Be sure to include the laboratory’s phone and fax numbers. |
| 11 | Fax the TOM form to the number supplied at the bottom of the form. |

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|----|--|
| 12 | File TOM form with the daily logs, i.e., tracking lists, pending logs etc. |
|----|--|

B. Cancel Requests

****COMPLETE SECTIONS 2,3,4 and 5 on TOM FORM**

| | |
|----|--|
| 1 | Cancel Test in LIS |
| 2 | Obtain TOM form. **Use one TOM form for each accession number. |
| 3 | Mark the “Cancel a Test” box. |
| 5 | Section 2: Client information: <ul style="list-style-type: none"> • Fill in the current date. |
| 6 | Section 3: Specimen/Request Information <ul style="list-style-type: none"> • Fill in the Date of Collection. • Fill in the Quest Diagnostics Nichols Institute Chantilly 8 digit accession number, if available. • Patient Name: Clearly print patient’s Last name, First name. • Fill in the patient accession number that was transmitted with the original order. • The ordering physician name. |
| 7 | Section 4: Add on or Cancel Information <ul style="list-style-type: none"> • Fill in the Quest Diagnostics Nichols Chantilly <u>test name</u> you wish to cancel. • Fill in the Quest Diagnostics Nichols Chantilly <u>test code</u> if available to cancel. • Current Specimen Location: Please indicate if the specimen is already at Quest Diagnostics Nichols Institute or if it is en route. • Mark the Specimen Type. • Specify the reason for cancellation. |
| 8 | Section 5: Request Authorization <ul style="list-style-type: none"> • Sign your name as authorized signature. Be sure to include the laboratory’s phone and fax numbers. |
| 9 | <ul style="list-style-type: none"> • Fax the TOM form to the number supplied at the bottom of the form. |
| 10 | File TOM form with the daily logs, i.e., tracking lists, pending logs etc. |

C. Looking up Test in LIS

| If... | Then | Check off on Section 1 on TOM form |
|---|--|--|
| If LIS Order code begins with an “X” | This denotes that the test is an LIS Interfaced test. Order will be transmitted to Quest electronically. | This is an interfaced order, report as an “Interfaced Test”. |
| If the test is NOT a genetic test and you are unable to locate in LIS | Order a XMAML. This is a LIS Interface test code. Order will be electronically transmitted to Quest Diagnostics. | This is an interfaced order, report as an “Interfaced Test”. |

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6. RELATED DOCUMENTS

None

7. REFERENCES

N/A

8. REVISION HISTORY

| Version | Date | Reason for Revision | Revised By | Approved By |
|----------------|-------------|--|-------------------|--------------------|
| | | Supersedes SOP S012.003 | | |
| 000 | 12/1/11 | Section 9: add form & location | L Barrett | SKhandagale |
| 001 | 3/10/14 | Section 2: remove shared specimen form Section 5: remove instructions for Z codes and code MSOB1 Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13 | M Sabonis | SKhandagale |
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9. ADDENDA AND APPENDICES

Test Order Modification Form (see Attachment tab)