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| **STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT** |
| Title of STOP |

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| Description: |  |
| Implementation Date: |  |
| Performing Locations: | **Click on the boxes that apply:**  Alamance Regional  Annie Penn Hospital  Moses Cone Hospital  Med Center at High Point  Wesley Long Hospital  Women’s Hospital |
| Affected Locations: | **Click on the boxes that apply:**  Alamance Regional  Annie Penn Hospital  Moses Cone Hospital  Med Center at High Point  Wesley Long Hospital  Women’s Hospital |
| Affected Departments: | **Click on the boxes that apply:**  Blood Bank  Cytology  Flow Cytometry  Histology  Microbiology  Phlebotomy  Point of Care  Rapid Response Lab  Respiratory Therapy  Specimen Processing |
| Specimen Type: |  |
| Updated Clinical Lab Procedures: |  |
| Retired Clinical Lab Procedures: |  |
| Notification to Client: | **Click on the boxes that apply:**  Section Not Applicable  Memo Needed  **Distribution of Memo:**  Medical Staff  Allied Health Professionals (PA, Nurse Practioners)  Anesthesia  Annie Penn (Primary Source Physicians)  Dentist  Emergency Department/Urgent Care Centers  Family Practice  Infectious Docs #ID Docs  (John Campbell, Robert Comer, Jeffrey Hatcher, Cynthia Snider, Kees Van Dam)  OB/GYN  Pathology  Pediatricians  Psych  Radiology  Surgery  #Nursing Leadership (Directors, Asst. Directors, Clinical Nurse Manager)  Pharmacy - Send to DeAnne Brooks & Jim Hasspacher  #IM Residents  Kim Helsabeck  Phlebotomy Managers and Supervisors  Point of Care: Sheila, Kim & Marty |
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| Accreditation Section: | **Click on the boxes that apply:**  Section Not Applicable  CAP Test menu change needed  CMS Analyte form change needed  Proficiency Testing surveys changes needed or ordered |
| Laboratory IT section: | **Click box and type needed changes/additions:**  Section Not Applicable  LIS changes  Reference range change/addition  Technical Failure change/addition  Critical Value change/add  Text comments needed  Specimen collection instructions  Need to monitor TAT  CPT code for tests(s) |
| Technical Staff Update: | Type in updates: |
| STOP Initiator: |  |
| Medical Director Signature: | Quality Department will obtain signature: |