Cone Health Laboratories

Standardized Testing / Operating Protocol Request

General Information		
Title of STOP:	**Removal of Cryptococcus Antigen form ARMC Test menu**	
Requestor Name:	**Wendy Turner**	**Submission Date:** **06/27/19**
Description:	**Drop Cryptococcus Antigen Testing from ARMC in-house test menu**	**Target Date:** **07/30/19**

X	Performing Location(s)	X	Affected Location(s)	X	Affected Department(s)
	Alamance Cancer Center		Alamance Cancer Center		Blood Bank
	High Point Cancer Center		High Point Cancer Center		Cytology
	Wesley Long Cancer Center		Wesley Long Cancer Center		Flow Cytometry
X	Alamance Regional	X	Alamance Regional		Histology
	Annie Penn Hospital		Annie Penn Hospital	X	Microbiology
	MedCenter @ High Point		MedCenter @ High Point		Phlebotomy
	MedCenter @ Mebane		MedCenter @ Mebane		Point Of Care
	Moses Cone Hospital	X	Moses Cone Hospital		Rapid Response Lab
	Wesley Long Hospital		Wesley Long Hospital		Respiratory Therapy
	Women's Hospital		Women's Hospital	X	Specimen Processing

Training / Competency			X Section Not Applicable
	Yes *	**No**	***If Yes, Explain**
Training Required?			
Training checklist needs to be created or revised?			
Competency Log, Observation form or Blind Sample form needs to be created or revised?			
Quiz need to be created or revised?			

Quality			Section Not Applicable
Document updates needed?	X		
		New / Revised Docs:	QM-121 In-House Test List QM-122 Stat Test List SPPR-876A Transport Batch to Cone test list
		Retired Documents:	**MICRO-740 Immy Cryptococcal angiten** **MICRO-740.1 Cryptococcal Antigen Patient and QC Log**
Does Current Test have a IQCP?	X		
Will New Test need a IQCP?		X	
Memo/Notification to Client Needed?		X	* If yes, mark below & include with Request
			GSO/Reidsville Medical Staff
			ARMC Medical Staff
			Pharmacy - DeAnne Brooks / Jim Hasspacher
			#Nursing Leadership (Director., Asst. Director, Clin Nurse Mgr)
			Infection Prevention - Melissa Morgan
Memo/Notification Notes:			
CAP/COLA Test Menu Changes?	X		**Remove Cryptococcal Antigen from CAP test menu**
CMS Analyte Form Changes Needed?		X	
PT Survey Changes / Orders Needed?	X		**Cancel CAP CRYP Cryptococcal Antigen Detection Proficiency Testing Survey**

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Safety: Chemicals / Reagents				**Section Not Applicable**
Chemical Inventory Changes Needed?	X		*If Yes, Send Chemical Inventory Update Form to Mathieu Vestal*	
			Name of Product(s):	
			Retired Product(s):	Remove Cryptococcus Antigen from Chemical Inventory List

Billing			x	**Section Not Applicable**
	Yes *	**No**	***If Yes, Explain**	
Billing Changes Required?			CPT/LOINC Code:	
	CDM #:		CDM Modifier:	

Technical Changes				**Section Not Applicable**

Select One:		New Test / Instrument	x	Existing Test / Instrument
	Please indicate any necessary changes / additions below or mark "X" under N/A			
	Explain Changes / Additions & *Attach patient report example or instrument printout*			

	N/A	
Reference Range:	x	
Critical Result:	x	
Delta Check:	x	
Technical/Clinical Range:	x	
Autodilution:	x	
Middleware Rules:	x	
Text/Comment Code:	x	
QC Code:	x	
Specimen Requirements:	x	
Specimen Type:	x	

Container/ Tubes:	Preferred:	
	Acceptable:	
	Required Volume:	
	Minimum Volume:	
Special Collection Instructions:		

	Yes *	No	N/A	
Autoverification Desired:			x	
ITS Tech Review been initiated / scheduled? Required if on Network			x	
Technical Description of Change	orders for ARMC will be removed from their worksheet and routed to MC.			

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IT Information					Section Not Applicable		

				Pre-live Docs Needed?		Completed?	
		Yes	**No**		**Yes**	**N/A**	**Yes**	**No**

Computer Systems Involved:		Yes	No		Yes	N/A	Yes	No
	Sunquest	x		Sunquest				
	CHL		x	CHL				
	PowerPath		x	PowerPath				
	WindowPath		x	WindowPath				
		Yes	No	Instrument / Manual Test		x		
Analyzer Interface Required?			x					
Middleware Needed?			x					
Order Code Assigned?				Order Code:	CCRY / CRPT			
				Worksheet:				

Select the necessary Medical Director Approval below
Signatures completed in MediaLab

	Yes	No
Alamance Regional Medical Director	X	
MedCenter Mebane Medical Director		X
Greensboro/Reidsville Medical Director		X
Cancer Centers Medical Director		X

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STOP Notification	Removal of Cryptococcus Antigen form ARMC Test menu
When:	**Tuesday, July 30, 2019**
What?	**Drop Cryptococcus Antigen Testing from ARMC in-house test menu**

Who is Affected:

Affected Location(s)	Department(s)
Alamance Cancer Center	Blood Bank
High Point Cancer Center	Cytology
Wesley Long Cancer Center	Flow Cytometry
X Alamance Regional	Histology
Annie Penn Hospital	**X** Microbiology
MedCenter @ High Point	Phlebotomy
MedCenter @ Mebane	Point Of Care
X Moses Cone Hospital	Rapid Response Lab
Wesley Long Hospital	Respiratory Therapy
Women's Hospital	**X** Specimen Processing

Why?	**Alamance has an extremely low volume of testing and Moses Cone can continue to provide an acceptable turn around time for this test**
What you will need to do to prepare:	**Educate staff to the change (AR and MC staff).** **Retire the AR Cryptococcal antigen testing procedure.** **Revise IQCP documents to indicate removal of testing.** **Remove from AR in-house test menu.**

Manager / Supervisor Responsibility:

Send Post Live Documentation to IT Manager within 5 days of the effective date for test systems marked with an "X"

Sunquest	WindowPath
CHL	Instrument / Manual Test
PowerPath	

Need Help?	Contact your Manager / Supervisor

This has been approved by the Laboratory Medical Directors