

Standardized Testing / Operating Protocol Request

General Information			
Title of STOP:	MANUAL CAPTURE WORKSTATION		
Requestor Name:	SHELLEY LAWSON	Submission Date:	
Description:	NEW INSTRUMENT	Target Date:	07/30/19
X	Performing Location(s)	X	Affected Location(s)
	Alamance Cancer Center		Alamance Cancer Center
	High Point Cancer Center		High Point Cancer Center
	Wesley Long Cancer Center		Wesley Long Cancer Center
X	Alamance Regional	X	Alamance Regional
	Annie Penn Hospital		Annie Penn Hospital
	MedCenter @ High Point		MedCenter @ High Point
	MedCenter @ Mebane		MedCenter @ Mebane
	Moses Cone Hospital		Moses Cone Hospital
	Wesley Long Hospital		Wesley Long Hospital
	Women's Hospital		Women's Hospital
Training / Competency			Section Not Applicable
	Yes *	No	*If Yes, Explain
Training Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Training checklist needs to be created or revised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Competency Log, Observation form or Blind Sample form needs to be created or revised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Quiz need to be created or revised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Quality			Section Not Applicable
Document updates needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	New / Revised Docs: TRM-120, TRM-602, TRM-718		
	Retired Documents:		
Does Current Test have a IQCP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will New Test need a IQCP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Memo/Notification to Client Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	* If yes, mark below & include with Request
	<input type="checkbox"/>	<input type="checkbox"/>	GSO/Reidsville Medical Staff
	<input type="checkbox"/>	<input type="checkbox"/>	ARMC Medical Staff
	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy - DeAnne Brooks / Jim Hasspacher
	<input type="checkbox"/>	<input type="checkbox"/>	#Nursing Leadership (Director., Asst. Director, Clin Nurse Mgr)
	<input type="checkbox"/>	<input type="checkbox"/>	Infection Prevention - Melissa Morgan
<i>Memo/Notification Notes:</i>			
CAP/COLA Test Menu Changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CMS Analyte Form Changes Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PT Survey Changes / Orders Needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Safety: Chemicals / Reagents			Section Not Applicable
Chemical Inventory Changes Needed?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Yes, Send Chemical Inventory Update Form to Mathieu Vestal</i>
	Name of Product(s):		
	Retired Product(s):		

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Billing				<input checked="" type="checkbox"/>		Section Not Applicable		
		Yes *	No	*If Yes, Explain				
Billing Changes Required?				CPT/LOINC Code:				
		CDM #:		CDM Modifier:				
Technical Changes				<input checked="" type="checkbox"/>		Section Not Applicable		
Select One:		<input type="checkbox"/> New Test / Instrument		<input type="checkbox"/> Existing Test / Instrument				
Please indicate any necessary changes / additions below or mark "X" under N/A								
<i>Explain Changes / Additions & Attach patient report example or instrument printout</i>								
N/A								
Reference Range:								
Critical Result:								
Delta Check:								
Technical/Clinical Range:								
Autodilution:								
Middleware Rules:								
Text/Comment Code:								
QC Code:								
Specimen Requirements:								
Specimen Type:								
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								
IT Information				<input checked="" type="checkbox"/>		Section Not Applicable		
Computer Systems Involved:		Yes	No	Pre-live Docs Needed?		Completed?		
				Yes	N/A	Yes	No	
		Sunquest						
		CHL						
		PowerPath						
	WindowPath							
		Yes	No	Instrument / Manual Test				
Analyzer Interface Required?								
Middleware Needed?								
Order Code Assigned?				Order Code:				
				Worksheet:				

Cone Health Laboratories

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Select the necessary Medical Director Approval below <i>Signatures completed in MediaLab</i>		
	Yes	No
Alamance Regional Medical Director	X	
MedCenter Mebane Medical Director		X
Greensboro/Reidsville Medical Director		X
Cancer Centers Medical Director		X

Approved and current. Effective starting 6/28/2019. 77420.613 (version 3.1) STOP Request/Notification Template
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 <p>STOP Notification</p>	<p>MANUAL CAPTURE WORKSTATION</p>	
<p>When:</p>	<p>Tuesday, July 30, 2019</p>	
<p>What?</p>	<p>NEW INSTRUMENT</p>	
<p>Who is Affected:</p>	<p>Affected Location(s)</p> <ul style="list-style-type: none"> Alamance Cancer Center High Point Cancer Center Wesley Long Cancer Center X Alamance Regional Annie Penn Hospital MedCenter @ High Point MedCenter @ Mebane Moses Cone Hospital Wesley Long Hospital Women's Hospital 	<p>Department(s)</p> <ul style="list-style-type: none"> X Blood Bank Cytology Flow Cytometry Histology Microbiology Phlebotomy Point Of Care Rapid Response Lab Respiratory Therapy Specimen Processing
<p>Why?</p>	<p>Needed a replacement. The old one was over 10 years old and having issues.</p>	
<p>What you will need to do to prepare:</p>	<p>Dr. Patrick to sign procedure revisions</p>	
<p>Manager / Supervisor Responsibility:</p>	<p>Send Post Live Documentation to IT Manager within 5 days of the effective date for test systems marked with an "X"</p>	
	<p>Sunquest</p>	<p>WindowPath</p>
	<p>CHL</p>	<p>Instrument / Manual Test</p>
	<p>PowerPath</p>	<p></p>
<p>Need Help?</p>	<p>Contact your Manager / Supervisor</p>	