# INTERDISCIPLINARY CLINICAL

# Policy and Procedure

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| Title: | Laboratory Requisition, Specimen Labeling, Supplementary Requests for Diagnostic Testing | Number: | CC 85-015 |
| Effective Date: | July 2014 | Page: | 1 of 7 |
| Applies To: | Central Zone | | |

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## POLICY

1. Clinical laboratory testing must be requested by an authorized prescriber, and in compliance with the standards and guidelines as directed by the College of Physicians and Surgeons of Nova Scotia. The authorized prescriber must have the knowledge, skills, and authority to select the appropriate test(s) and to interpret the laboratory results. See Central Zone's policy CC 85-018 Clinical Laboratory Diagnostic Test Ordering
2. Laboratory requisitions, electronic orders and specimens submitted to the Department of Pathology and Laboratory Medicine (Laboratory) for diagnostic testing must be complete and adhere to the Laboratory Specimen Acceptance and Rejection for Diagnostic Testing (CC 85-016 policy).

3. The Laboratory collaborates with its stakeholders to develop and revise requisitions (electronic or paper), whenever appropriate.
4. Initial requests for testing must be on a Central Zone approved laboratory requisition or by an electronic order.
5. Specimens that accompany the initial request must:
6. be suitable for processing,
7. be labeled at the time of collection in front of the patient with accurate and sufficient identifying information,
8. match the information on the requisition or electronic order.
9. In the case of a specimen for Blood Transfusion, both the phlebotomist and the witness must sign their full signatures on the Blood Transfusion requisition and initial the specimen label in the presence of the patient.
10. Only supplementary test requests can be submitted verbally and are accepted if a suitable specimen has been collected.
11. Tests requests on laboratory requisitions expire one year from date of issue.
12. The Laboratory will record the date and time of specimen receipt.

## DEFINITIONS

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| **Account Number** | Central Zone Financial Number assigned by the Hospital Information System. |
| **Ancillary request** | A test request submitted by an authorized requestor within the Laboratory to add test orders to a previously accepted specimen; e.g., pathologist requests additional stains on tissues to complete the diagnosis. |
| **Approved laboratory requisition** | A Central Zone requisition or test request form in an acceptable format that has been reviewed and approved by the Laboratory. Request forms that are not in an approved format will not be accepted e.g., prescription pads, e-mails. |
| **Authorized Prescriber** | Qualified physicians and dentists licensed to practice medicine or dentistry in the province of Nova Scotia while practicing at a Nova Scotia Health Care organization/facility.<br><br>Nurse practitioner registered in the province of Nova Scotia and who has a collaborative practice agreement within Nova Scotia Health. |

Qualified physicians who are registered to practice and have requested testing that, under an established agreement with Nova Scotia Health, Central Zone, is referred for testing at the QEII Health Sciences Centre.

> **Note** - Clinical Clerks are not authorized prescribers.
> An ordering authorized prescriber is the authorized prescriber who has ordered a diagnostic test, and who is responsible for initiating follow-up of abnormal results.

Requests from Physicians who are registered to practice external to Nova Scotia who have provided their patient with a request for laboratory testing from their home location with testing required for immediate patient management while visiting or travelling though the province of Nova Scotia will be reviewed by the laboratory on a case-by-case basis. These physicians will not be created in the Laboratory Information System database as a recognized authorized prescriber in Nova Scotia.

**Authorized Requestors**

In addition to an authorized prescriber, anyone who has been delegated the authority to order a test through medical (care) directives, delegated medical functions, expanded role designation, specific policies, etc. {e.g., Emergency Department medical directives, Expanded Role nurses (ordering Pap tests), Physiotherapists (ordering x-rays) etc.}

**Authorized Requester's Information**

Full name and second identifier that is unique (e.g., Provincial Physician's Registration number) or full mailing address.

**Client's Information**

Requesting client name (e.g., hospital name) and mailing address.

**Initial Request Submitted by an Authorized Requestor**

Using a requisition: A request for testing sent to the laboratory on a requisition. The requisition accompanies the collected specimen or may be sent to the laboratory prior to initiating a request for venipuncture collection by laboratory employee.

Using an electronic order: The test request is entered in or transferred to Laboratory Information System (LIS) and

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| | specimen label(s) containing the LIS accession number is printed. |
| **Standing Order** | Authorized requestor issues a requisition to be used multiple times by the patient; e.g., monthly request for the same test(s). |
| **Supplementary Request** | A test request submitted by an external authorized requestor to add test orders to a previously accepted specimen; e.g., nursing unit verbally requests a test order. |
| **Test Order** | The result of a test request being entered into the LIS that generates a test order. |

## GUIDING PRINCIPLES AND VALUES

1. With increasing pressure to cut costs, coupled with increased testing demand, it is critical that testing guidelines, standards of practice and consultation with users of the service inform appropriate utilization. See Central Zone's Laboratory webpage: *Laboratory Utilization*
2. Complete and legible test request information prevents delays in testing and allows for correct and timely distribution of laboratory results.
3. Confirming the patient's identity is the **most crucial step** in collection of laboratory specimens. Many patients have similar names and the same date of birth. Unique identification is required to ensure results are reported on the correct patient.
4. Labeling specimens at the point of collection and in front of patient will reduce errors ensuring safe patient care.
5. All specimen aliquots, portions and slides shall be traceable to the patient through the information provided on the original requisition and specimen label.
6. Quality and patient safety is the ultimate goal.

## PROCEDURE

1. **Requesting Laboratory Tests**

   1.1. Prior to requesting laboratory tests see Central Zone's Laboratory webpage: *what do I need to know before requesting a test?* and *Laboratory Utilization* to ensure appropriateness of the request.

   1.2. Submit the initial request on a Laboratory requisition or by an electronic order.

   > **Note:** Supplementary requests can be submitted verbally.

2. **Completing the Requisition**

2.1. The authorized requestor completes the requisition ensuring the information entered is complete and legible, and in the appropriate format. (See Central Zone's Laboratory webpage: *Required information for completing laboratory requisitions*)

2.1.1. To obtain a Central Zone Requisition see Central Zone's Laboratory webpage: How to Obtain Laboratory Requisitions

2.1.2. For information on requesting tests and completing requisitions, see Central Zone's Laboratory webpage: Specimen & Collection Requirements

2.1.3. When a standing order is required ensure it is indicated on the requisition. Provide the following information:

- test name
- frequency and duration, within one year of requisition issue date
- date requested

3. Verifying the Patient's Identity

3.1. Verify the patient's identity at the time of specimen collection. Refer to: CH 30-040 *Patient Identification and Same Name Alert* and Central Zone's Labor*atory webpage:* Verifying Patient Identity

4. Supplementary Requests

> **Note:** When supplementary test requests are received, testing will be performed if the specimen meets appropriate criteria.

4.1. Submit supplementary test requests either verbally or by electronic order.

4.2. At a minimum, include the following information when submitting a supplementary request:

- Patient identification – patient's full name and a second identifier that is unique e.g., Medical Record number, Heath Card Number
- Test requested
- Authorized requester's information
- Date and time of request

5. Ancillary Requests

> **Note:** Ancillary requests are internal to the Laboratory Department

5.1. Follow Divisional policies and procedures.

6. Specimen Labeling

6.1. Verify that the patient's information on the specimen's label(s) matches the patient's identity and the information on the requisition or electronic order.

6.2. Label the specimen appropriately as per the CC 85-016 Laboratory Specimen Acceptance and Rejection for Diagnostic Testing policy

6.3. Ensure the label is complete and legible. See: *Required formats/additional information for Specimen Labeling*.

6.4. Clearly identify specimens and slides with a legible patient's full name and a minimum of one other unique identifier as described above. See Central Zone's Laboratory webpage: *Labeling requirements*

6.5. Label glass slides in pencil on the frosted end.

6.6. The collector labels the specimens in front of the patient immediately following specimen collection.

6.6.1. In rare circumstances the labeling may be delegated e.g., a specimen obtained during surgery.

6.7. Place labels so that there is no interference with opening and closing of container and to allow the contents of the container to be viewed.

6.7.1. Do not cover existing patient identifiers.

6.7.2. Ensure there is a label on the specimen container itself and not just the top.

6.8. When placing the Laboratory Information System (LIS) labels, apply the bar code to the specimen container according to the requirements of the laboratory.

## RELATED DOCUMENTS

### Policies

CDHA CH 07-041 Unidentified Patient

CDHA CC 85-079 Venipuncture for Blood Specimen/Blood Culture Collection

CDHA CC 85-016 Laboratory Specimen Acceptance and Rejection for Diagnostic Testing

CDHA CC 85-017 Diagnostic Tests - Requesting, Reporting of Results and Follow-up

CDHA CC 85-018 Clinical Laboratory Diagnostic Test Ordering

NSHA CL-SR-025 Client Identification - Policy and Procedure

### Other

Central Zone's Laboratory Specimen & Collection Requirements webpages:

- Specimen & Collection Requirements

- Requesting Tests
- Collection
- Rejection Criteria
- Laboratory Utilization

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## VERSION HISTORY

| Version: | Effective: | Approved by: | What's changed: |
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| Original | July 2014 | Administrative Director of Pathology and Lab Medicine, Capital Health<br>Chief of Pathology and Lab Medicine | N/A |
| Revision | 2021-08-24 | Interim VP of Operations, Central Zone | •Changed all reference to Capital Health to Central Zone.<br>•Revised definition for Authorized Prescriber |