**HACKETTSTOWN REGIONAL MEDICAL CENTER**
**LABORATORY POLICY MANUAL**

# LABORATORY REPORTS

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| **Effective Date: October, 1999** | **Policy No: GENLAB 7.01** |
| **Cross Referenced:** | **Origin: General Lab** |
| **Reviewed Date: 01/10, 08/11, 03/12** | **Authority: Laboratory Director** |
| **Revised Date: 01/12** | **Page: 1 of 2** |

**PURPOSE:** To define policy regarding content, format review, release of test result(s) to appropriate parties and documentation of the release of patient results.

**POLICY:** The laboratory must provide useful clinical data. Data must be legible, accurate, reported in clearly designated units of measurement, and promptly reported to persons authorized by law to receive and use medical information. Reference intervals (normal ranges) must be readily available to clinicians, preferably on the test report itself. The director will have input into whether or not outside laboratory results are reported through the primary reporting system. Reference Laboratory results will be incorporated into Pathnet through interfacing, transcription, or scanning. Other laboratory results presented by the patient can be scanned into the Medical Record by the HIM department. Patients should be referred there with these requests.

**Report Format Review**

The Laboratory Director will review and approve the content and format of paper and electronic patient reports at least every two years. The Director will have input into whether or not outside laboratory results are reported through the primary reporting system. The report (paper or electronic) must contain the following elements:

- Name and address of testing laboratory (including reference lab as appropriate)
- Patient name and identification number
- Name of physician of record, or legally authorized person ordering test.
- Date and time of specimen collection, when appropriate
- Date and time of release of report
- Specimen source where applicable
- Tests result and units of measure
- Reference intervals
- Conditions of specimen that may limit adequacy of testing.

**Laboratory Test Reporting**

**The individual responsible for performing and/or completing the laboratory procedure will ascertain that the correct report is given for the correct patient, date and time. The name and all other information should be verified to insure accuracy. A verbal report should never be given without consulting the electronic or printed medical record.**

**Critical Values**

Results that are sufficiently outside the normal range so as to be dangerous to the patient are referred to as "CRITICAL VALUES." These values are posted in the appropriate departments. Any results falling

within these areas are to be repeated and, if confirmed, called to the physician or unit immediately and noted in Cerner in Result Comment. Use call template for documentation which must include initials of person taking and reading back the result, the date and time of the call, and the initials of the tech. Verification of patient name and FIN number are essential.

Outpatient results should be called to the physician's exchange and a message left to call the laboratory, and noted in Cerner. If the physician cannot be reached, the Manager or Laboratory Supervisor should be notified.

**Corrected Reports**

The laboratory is responsible for any errors that leave the department. It is our duty to see that they are corrected as soon as possible. A new report will be generated and it is noted as an "corrected report" (see specific procedure for details).

**Release of Reports, Normal Values and/or Methodology to Patients**

A patient requesting a copy of their laboratory results should go through the Medical Records department to obtain them or present a signed "release of medical records" form to obtain their results from the laboratory. Results can be released to consulting physicians so as not to interfere with patient care. Physician offices should verify patient identity by name and birthday. HRMC Laboratory complies with HRMC HIPAA Policies found the Administrative Policy manual and is audited in accordance with HIPAA -12.

Upon request, the laboratory will provide the patient with a copy of the test(s) reference range, methodology and performance specifications performed at the HRMC Laboratory (see attached handout).