

## Clinical Laboratory: Laboratory Administration

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### Ordering Clinical Laboratory Tests

#### I. POLICY

Lab tests can be ordered using the Electronic Order Entry System in EPIC or by using a manual laboratory requisition form. In the event that computer provider order entry systems are unavailable, the Clinical Laboratory will accept paper orders, provided they contain all necessary information, including adequate patient identification information, patient sex, date of birth, name and ICD-10 codes. To ensure all these elements are present, we strongly encourage providers to utilize the downtime requisition available in the [online Lab Manual](#)

#### II. PURPOSE

To provide providers and support personnel instructions on ordering a laboratory test electronically or manually.

#### III. PROCEDURE

1. If EPIC is unavailable or provider does not have access to EPIC, completely fill out a laboratory requisition. **Each test must be clearly marked with an “X.”** The following information **MUST** be provided on the laboratory request form:
  - a) Requesting Provider’s name and contact information.
  - b) Patient’s first and last name.
  - c) ZSFG medical record number or other lab-approved unique number. Numbers must be legible.
  - d) ZSFG patient account number.
  - e) Test (s) requested.
  - f) Specimen source
  - g) Date and time of specimen collection.
  - h) ICD 10 Code – establishes medical necessity
  - i) Patient’s birth date (needed for reference ranges and patient ID)
  - j) Gender (needed for gender-specific reference ranges)
  - k) Ordering Location (needed for critical results contact)
2. For information regarding the appropriate form to use for a specific test, please refer to the section on **Manual Requisition Forms** in **Appendix A**.

3. Most tests are listed on the requisition form and can be checked off by the requesting Authorized Provider.
4. Some tests, generally those sent to reference labs, are not listed on the laboratory requisition and must be ordered by writing in the request under “Other Tests.”
5. Provide the ICD 10 Code. All requisitions require an ICD 10 Code, which establishes medical necessity for the test(s) requested. Serology specimens sent to the SF Department of Public Health, State Health Services or CDC labs may require additional information such as the date of onset, suspected diagnosis, significant clinical symptoms, lab test results, and therapy given.
6. Provide the requesting/ordering provider’s name and contact information or pager number on the requisition. Should any questions arise regarding the test(s) requested, or in case of critical value or reportable test, the Authorized Provider may need to be contacted.
  - a) Under California Business and Professions Code section 1288: “Any person conducting or operating a clinical laboratory may accept assignments for tests only from and make reports only to persons licensed under the provisions of law relating to the healing arts or their representatives...” In order to be “licensed under the provisions of law relating to the healing arts”, the healthcare practitioner must be licensed in the state of California as a physician and surgeon, or licensed as a healthcare provider with a scope of practice that authorizes ordering clinical laboratory tests. If the test results can be lawfully used by the healthcare provider to diagnose, manage or treat the patient, then it would likely be appropriate for that healthcare provider to order the test.
  - b) Although in 2002 California state law (SB1131) made it allowable for patients to self-order laboratory tests that are normally available as over-the-counter tests from pharmacies. Due to payment and reporting constraints, the Clinical Laboratory does not accept patient self-orders for laboratory tests. If patients wish to self-order tests, they should be referred to a commercial laboratory that accepts such requests.
  - c) Furthermore, for reimbursement purposes, requests for outpatient testing must carry the name of an identifiable individual who is recognized as authorized to order tests in California. Unless charged to a client or research account, outpatient orders cannot be submitted in the name of a medical student, registered nurse, licensed vocational nurse, or anonymously as “Fellow” or “Resident”, etc.; in each case, the laboratory order must include the name of an individual licensed provider (the authorizing provider) who is taking responsibility for the lab orders.

#### IV. PROCEDURE NOTES:

1. Any specimen not accompanied with a **legible, correctly and completely filled out** requisition will be retained by the Clinical Laboratory for up to 24 hours, but **will not** be processed. The ordering provider will be notified of

the problem.

2. Missing or incomplete required information must be provided by means of a new electronic order or faxed requisition. The Laboratory will not accept verbal information to complete a requisition.
3. If still suitable for analysis, the specimen will be processed when the Clinical Laboratory receives the completed requisition. After 24 hours, all specimens without completed requisitions will be discarded.
4. Requisition forms are ordered through Materials Management. Fill out a Moore Order Form (generally used for all forms in the hospital) designating the desired Lab requisition form and submit it to Materials Management (telephone number 628-206-5315 for assistance). Allow up to a week for delivery.
5. Authorized Providers who wish to add an additional test to a previously obtained specimen must complete the following steps:
  - a) In EPIC, order the test with a priority of Add-On. If an electronic order cannot be generated, a manual requisition will have to be submitted with all required information including when the original sample was collected and which test is to be added.
  - b) The requisition may be tubed to station # 21 or delivered to Specimen Collection and Management.
  - c) For Microbiology tests, the requisition may be tubed to station # 23, delivered to Specimen Collection and Management, or faxed to 628-206-3477.
6. Authorized Providers who wish to cancel tests should submit a new requisition stating which tests to cancel and when the blood was drawn. The Clinical Laboratory will try to honor requests from the ordering provider to cancel a test(s) up to the point that testing has begun. After that point, a test cannot be cancelled or the result removed from the patient record. If a test is cancelled the patient will not be charged for the cost of the test, although there may be a specimen collection charge for the sample.

## APPENDIX A MANUAL REQUISITION FORMS

### CLINICAL CHEMISTRY:

- a. Main Laboratory (2M) Requisition - [BLOOD/SERUM](#) (Form # 5788146)
- b. Main Laboratory (2M) Requisition - [URINE/FLUIDS](#) (Form # 5788138)

### HEMATOLOGY:

- A. Main Laboratory (2M) Requisition - [BLOOD/SERUM](#) (Form # 5788146)
- B. Main Laboratory (2M) Requisition - [URINE/FLUIDS](#) (Form # 5788138)
- C. [Semen Analysis](#) Requisition – (Form # 578125)

### MICROBIOLOGY:

- A. [Microbiology Requisition](#) (Form # 5788112)

On the Microbiology Requisition form, check the appropriate boxes for source of specimen test(s) requested and supply essential clinical data. Use one requisition for each specimen. The requisition may be used for more than one type of culture per specimen. The form includes requests for culture for bacteria, fungi, AFB and viruses. It is also used for requests for parasitology, toxin assay, direct antigen detection and special antimicrobial tests. To ensure proper selection of media and techniques, designate suspected organisms and diagnoses whenever possible. All specimens, whether in collection container or inoculated to culture media, must be labeled with the patient's name and ZSFG medical record number or Date of Birth. Unlabeled specimens will be rejected.

### SEROLOGY:

- 1. Main Laboratory (2M) Requisition - [BLOOD/SERUM](#) (Form # 5788146)

### TRANSFUSION SERVICE (BLOOD BANK):

- A. Blood Bank Transfusion Request and Diagnostic Studies (Form # 5788120)

Blood Bank requisitions require the following information: Patient's complete name, and ZSFG medical record, birthdate, sex, ordering location, diagnosis, reason for transfusion, date to be transfused, number of units each of blood component being requested, name of requesting Authorized Provider, signature of person who drew the blood specimen, date of request.