

Required Formats and Information for Laboratory Requisitions

Final Approval: Dr. Irene A Sadek

Formats and Information for <u>Laboratory Requisitions</u> <u>Obtaining Laboratory Requisitions</u>			
Compliance with providing this information will greatly reduce the probability of requisition rejection.			
Requisition Field	Description	Formats	Additional Information
Patient's first identifier Exceptions: anonymous and unidentified protocol patients.	Ensures correct patient identification	Name format: last name, first name and date of birth	Unique identification of the patient is important and must be full legal name (including hyphenated) Use name that appears on unique identification used to identify the patient. Name on requisition and specimen label must be identical Do not use nicknames, or initials.
Patient's second identifier Exceptions: anonymous and unidentified protocol patients.	Ensures correct patient identification		Preferably Health Card Number, RCMP number or Military number Government issued ID such as passport number or driver's license Student Visa or Student insurance policy ID number Work Visa number Second identifier on requisition and specimen label must be identical.
Test(s) requested	Specific test(s) needs to be included to prevent delays. See Laboratory Test Utilization webpage)		A number of tests can be requested on one requisition. Some tests require a specific requisition. See Central Zone's Laboratory Test Catalogue for more information.
Authorized Requestor's/client information	Routes results to the correct location/provider.	Name format: last name, first name	License Number and correction location of requesting physician

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Signatures on requisition of the collector and a witness for Blood Transfusion Specimens	Best practice		Signature of collector and witness See NSHA Central Zone policy CC 85-079 Venipuncture for Specimen/Blood Culture Collection
Date and time of collection	Identify the point in time that the specimen was collected.	Date format: YYYY/MMM/DD Time format: 24 hour	Do not prefill requisition with date and time before collection. Any wrong data will be rejected. Provides relevant information required for testing. Example: stability of analyte.
Other Requested Information			
Requisition Field	Description	Formats	Additional Information
Test Priority	Ensures testing is prioritized to meet the need of patient. Priority definitions: Refer to Laboratory Testing Priorities for more information.		NSHA Central Zone Laboratory tests turnaround time standards (TAT)
Standing order request	Ensures the requisition stays active, up to one year, for further testing.		Check box Indicate test and frequency Example: weekly, monthly, biweekly on Thursday...
Patient's sex	Reference ranges can be based on sex and age.	Sex format: Male, Female	Do not use M or F or other symbols
Additional physician's information if copy of report required	Report results to the correct location/provider.	Name format: last name, first name	License Number and correction location of requesting physician

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Appropriate clinical information	Informs how the specimen is processed or results interpreted.		Clinical History Example: Fasting, Anticoagulation Therapy, Pregnancy, previous transfusions, sensitization history, recent travel etc.
Type of specimen and the anatomical site of origin (when appropriate)	Determine how the specimen is processed or results interpreted.		Example: peritoneal fluid, throat swab, blood culture left arm.
Collector location/facility	Collection location		Identification of facility where collection occurred.
Collector identification	Traceability of specimen collector	Name format: last name, first name	Full name of the person that collected the specimen, assigned NSHA Central Zone Laboratory Information System username, legible signature
Billing information (if not being billed to NS Provincial Health Care System)	Ensures appropriate billing for the test.		License number, insurance provider or complete billing information (name, address). Example: patient self-pay for testing
Patient's contact information and Physician's phone number	Ensures physician or patient can be contacted in the event of critical results.		Phone number where the patient can be reached within 12 hours from time of collection.
Current NSHA Central Zone financial/account number	Ensures selection of the correct NSHA Central Zone visit.		
Alternate Destination of the report	Ensures correct delivery of reports.		The report is to be sent to additional/alternate destinations the correct information must be supplied. Example: Inpatient report to be sent to Dialysis unit, copy of report to consulting physician.