LABORATORY SERVICES

<table>
<thead>
<tr>
<th>Acute Care Laboratory</th>
<th>952-892-2085</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomic Pathology Laboratory</td>
<td>952-892-2094</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Sabeen Askari, MD</td>
</tr>
<tr>
<td>Pathologist</td>
<td>Manuel Guzman-Paz, MD</td>
</tr>
<tr>
<td>Pathologist</td>
<td>Timothy Kappel, MD</td>
</tr>
<tr>
<td>Laboratory Director</td>
<td>Brenda Tomanek, MBA, MT</td>
</tr>
<tr>
<td>Vice-President</td>
<td>Klint Kjeldahl, MBA, CT (ASCP)</td>
</tr>
</tbody>
</table>

INPATIENT COLLECTION SERVICES

- Place orders in EPIC.
- **Routine blood collection** for Patient Care Units (PCU) is available at prescheduled collection times, 7 days/week. Blood collection is performed by venipuncture or skin puncture. Arterial collection is performed by Cardiopulmonary Dept.

**Scheduled Blood Collections**

<table>
<thead>
<tr>
<th>PCU</th>
<th>Cut-off Time</th>
<th>Collect Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU &amp; MS2</td>
<td>0300</td>
<td>0500</td>
</tr>
<tr>
<td>MS6</td>
<td>0300</td>
<td>0530</td>
</tr>
<tr>
<td>MS3, MS5, OB, Peds</td>
<td>0300</td>
<td>0600</td>
</tr>
<tr>
<td>NSY</td>
<td>0300</td>
<td>0630</td>
</tr>
<tr>
<td>ALL</td>
<td>0800</td>
<td>0900</td>
</tr>
<tr>
<td></td>
<td>1000</td>
<td>1100</td>
</tr>
<tr>
<td></td>
<td>1230</td>
<td>1330</td>
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<tr>
<td></td>
<td>1430</td>
<td>1530</td>
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<td></td>
<td>1730</td>
<td>1830</td>
</tr>
<tr>
<td></td>
<td>1930</td>
<td>2030</td>
</tr>
<tr>
<td></td>
<td>2130</td>
<td>2230</td>
</tr>
</tbody>
</table>

Routine orders must be placed by Cut-off Time to qualify for next scheduled collection. If the cut-off time is missed, the routine order will be collected at the next scheduled collection.

- **Timed collections** are to be ordered as such in EMR.

To **Add-on** testing, place order in EMR and modify the order frequency using “Lab add-on, Draw Now” or “Lab Add-on, Draw in AM” item. Proceed to sign the order.

- **Multiple fluids**: Order with collection times 5 minutes apart; indicate collection site. Example: Right and left bronchial fluids.

- **Miscellaneous tests**: Use miscellaneous code when unable to order a test in EMR. Enter as much information about the test as possible in free text field.

- **Arterial blood gas** collection is performed by CardioPulmonary (952-892-2140).

OUTPATIENT COLLECTION SERVICES

Out Patient Laboratory Business Hours:

- Mon-Fri: 7AM – 7PM
- Sat-Sun: 9AM – 12PM
- Holidays: 9AM – 12PM

- **Blood collection** is performed by venipuncture or skin puncture. Arterial blood is not collected. If blood cannot be obtained or difficulties encountered, the physician/clinic will be notified.

- **Glucose tolerance testing**, including administration of solution and specimen collection is available. Tolerance testing is offered Monday-Friday only. Schedule testing with the Laboratory (952-892-2085).

- Outpatient Laboratory facilities are available for **routine urinalysis specimen collection**. Specimens requiring sterile collection technique should be collected in the clinic.
TURNAROUND TIME EXPECTATIONS

RESULT REPORTING:
The implementation of LEAN Processes in the Clinical Laboratory set the turnaround time goals (for identified core tests) from time of specimen receipt in lab to result. Specimens are received in the lab and analyzed utilizing the LEAN principle of one-piece flow. Blood specimens are collected by phlebotomy and sent to lab via PTS following one-piece flow guidelines.

<table>
<thead>
<tr>
<th>Identified CORE Tests</th>
<th>Receipt to Result Goal (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemistry</td>
<td>35</td>
</tr>
<tr>
<td>Troponin</td>
<td>40</td>
</tr>
<tr>
<td>Coagulation</td>
<td>25</td>
</tr>
<tr>
<td>Hematology</td>
<td>25</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>25</td>
</tr>
<tr>
<td>Blood Bank STAT Crossmatch</td>
<td>60</td>
</tr>
</tbody>
</table>

- In the event expected TAT will be delayed by 60 min (due to instrumentation failure, unavailable product, staffing shortage, etc), the requesting PCU/Physician, and Nursing Supervisor is notified.

STAT OR TIMED PHLEBOTOMY:
- The STAT designation should be used for medical/critical emergencies only. Phlebotomy will respond within 15 minutes of request for Stat blood collection.
- Timed draws are to be collected up to 15 minutes before the requested time or 15 minutes after the requested time.

CRITICAL RESULT REPORTING
Refer to: Critical Values/Results (Panic Values/Results):

REGULATORY REQUIREMENTS
- All patients must wear identification bands.
- All patient test requests (paper or electronic) must be supported by a test order, diagnosis/ICD10, and the physician signature responsible for the patient care. (Orders requested by M.D., Physician Assistant, or Nurse Practitioners are accepted.)
- Name and phone number of ordering physician must be provided on the request form for outpatient orders.
- Medical necessity must be documented on the request form for Medicare outpatients.

COMPLETION OF REQUEST FORMS (IF EPIC IS NOT AVAILABLE)

1. In patients: Printed request forms are available at Forms On-Demand.
   Out patients: Physician signed orders/requisitions are accepted.
2. Request form(s) must include: Patient name, identification number, collection date/time, specimen type, body site (when applicable), date of birth, and ordering physician’s name, and test ordered.
3. Include appropriate information, e.g. medical necessity for outpatients covered by Medicare/ Medicaid, clinical history/diagnosis, height/ weight, time of last dose, week’s gestation for AFP, etc.
4. If unable to find a test listed on the paper request form, refer to the online Fairview Diagnostic Laboratory Guide for an electronic alphabetical listing of tests. Please include test code if available.
5. When a test(s) is to be collected in a series, such as Drug Levels or Blood Cultures, submit a separate request for each collection time(s) or site(s).
6. When no collection date/time is specified, test will be collected on the next routine collection rounds.
7. Blood Bank request form must include:
   - Indication for transfusion, type of component, number of units, and date and time needed.
   - Confirmation of informed consent.
   - Indication if irradiated products are needed.
8. Surgical Pathology, Histology, Cytology request forms must additionally include: Patient’s clinical history, source, and diagnosis / or reason for testing.
9. Newborn Screening Cards must include the following additional information: baby’s weight in grams, date and time of birth, physician/clinic to receive report.
**SPECIMEN IDENTIFICATION / COLLECTION**

Specimens collected from patients by Fairview personnel must conform to College of American Pathologists (CAP), American Association of Blood Banks (AABB) and JCAHO identification standards.

Compliance to the following policies and procedures are necessary to ensure accurate patient sample identification and maintain the integrity of specimens for laboratory analysis.

- **Patient Identification – System Policy**
- **Patient Identification and Laboratory Specimen Labeling**

**Blood Bank Specimen ID / Collection Requirements:**

Compliance to the patient identification and labeling requirements as stated above are mandatory for Blood Bank specimens. In addition:

1. All specimens collected for Blood Bank must have two sets of initials. One set should be the person drawing the blood and the other set can be another staff person, the patient themselves or a family member. If a positive patient ID electronic system (ex. Clinical Collect) is used, a second set of initials is not required.

2. The name and medical record number on the tube must match exactly what is on the patient’s wristband. If possible, the patient should be asked to spell their name and state their date of birth.

3. Surgery staff will collect specimens from patients in OR, complying with the patient identification and labeling requirements as stated above.

**DISPOSITION OF IMPROPERLY LABELED OR COLLECTED SPECIMENS**

- All specimens that are unlabeled or mislabeled will be discarded and must be recollected. I-Cares will document such occurrences.
- Specimens that do not comply with collection procedure and/or rejection criteria (i.e., grossly hemolyzed, incompletely filled or clotted tubes) must be recollected.
- **Exceptions** will be made for irretrievable specimens:
  - Body Fluids
  - Blood Gases
  - Lumbar Punctures
  - Tissues/Surgical specimens

The irretrievable specimen will be held in the lab until the person who collected the specimen comes to the laboratory to verify the sample with proper labeling (if approved by the physician) and complete a Lab variance document.

**ERRORS IN ORDERS**

When an ordering error is discovered, call the laboratory immediately to ensure the patient is credited. Required information: Patient name, location, and identification number; date/time of specimen collection; test(s) and reason for cancellation; name/title of person(s) authorizing and requesting cancellation. Canceled tests are appended with a comment to provide a record on the patient’s chart; results cannot be removed.
POINT OF CARE TESTING SERVICES

Point of Care testing is managed by the Laboratory under the Laboratory CLIA license.

- Bedside glucose testing is performed by the PCU staff.
- Bedside ACT (Activated Clotting Time) and CG4 testing is performed by the Cardiac Cath Lab.
- Bedside Creatinine testing is performed by Radiology and ED
- Bedside Troponin testing is performed by ED.
- Bedside BHCG, CG4, and CHEM 8 testing is performed by ED.

SUBMITTING SPECIMENS/INFECTION CONTROL

1. Use Standard precautions when handling patient specimens.
2. Specimen containers must be visibly free of contamination. If the specimen container is soiled with blood or body fluid, clean with 10% bleach or other approved disinfectant.
3. Transport laboratory specimens in leak-proof sealed plastic bags specifically identified for specimen transport. Place request form (if required) in outside pocket of the specimen transport bag. (One bag per patient.) Ensure specimen cover is secured and transport bag is sealed.
4. Follow-policy (Pneumatic Tube System) for transport of specimens via pneumatic tube system.
5. Spill Clean-up and Disinfection:
   - Wear gloves and other protective barriers.
   - Clean the spill site of all liquid / blood using disposable towels, or an absorbent powder to solidify the liquid prior to clean-up.
   - Disinfect the spill site with a 10% bleach or approved disinfectant.
   - Place all disposable material used to clean/ disinfect the spill into an infectious waste bag.
   - Contact Housekeeping for large spill clean-up.

TESTING SENT TO REFERENCE LABORATORIES

Tests will be referred as deemed clinically appropriate to accredited reference laboratories. The laboratory will not refer specimens to reference laboratories for test procedures that are performed by the Fairview Diagnostic Laboratories. Requests to send to non-contracted FDL reference laboratories must meet the approval of the pathologist.

Revised: 3/10, 5/11, 12/11, 8/13, 6/15, 1/17, 6/18
Last Approved by: Brenda Tomanek