

Department of Pathology and Laboratory Medicine
William G. Helis Memorial Laboratories
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Laboratory Administration --- 504-842-3510
Laboratory Client Services --- 504-842-4623

Laboratory Operations Policies

I. CATEGORIES OF SPECIMEN PROCESSING:

A. ROUTINE:

Routine priority encompasses collection and processing of specimens that do not require timed or immediate priorities. Collection may be designated for the same day or during AM rounds for hospital patients. The expected collection time for a ROUTINE order, for a Hospital patient, is within 60 minutes of the time requested. Collection may begin approximately 30 minutes prior to the top of the hour. The routine high volume Chemistry / Hematology tests are reported within 4-5 hours of receipt (verification) into the Laboratory Information System. For Ochsner Clinic patients, and other outpatients, the routine turn around time, in general is 24 hours.

Automated profiles or constituents of profiles may be drawn on a 24-hour basis, but whenever possible, should be drawn in the AM or with the AM collection for hospital patients. Every effort should be made to consolidate orders to avoid multiple venipunctures and to minimize patient discomfort.

Batch tests are less common procedures that are performed only at certain intervals. To ensure earliest run, specimen should be drawn in the AM or with the AM collection for hospital patients. Some batch testing is not performed on a daily basis. Refer to the Laboratory Collection Manual for specific information.

Send Out Tests – turn around time varies depending on the test ordered. Refer to the Laboratory Collection Manual for specific information.

B. ASAP / URGENT:

AS SOON AS POSSIBLE indicates that a test requires faster than routine collection and processing. This priority may be used for tests that are ordered in the future (i.e. a critical care unit H&H or coagulation testing and electrolytes Q4H). The expected collection response time for an ASAP order, for a Hospital patient, is within 10-30 minutes of the order time providing there are no pending STAT orders awaiting collection. STAT collections will have priority over the ASAP order. The expected delivery response time, for a Hospital patient, from collection to receipt in the Laboratory is 15 minutes. The result turn-around time for an ASAP test is usually within 2-3 hours after receipt (verification) into the Laboratory Information System for hospital patients. For Ochsner Clinic patients and other outpatients, the result turn around time is 4 hours after receipt (verification) into the Laboratory Information System.

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C. **STAT: (Please utilize only in a Medical Emergency)**

The STAT option is strictly limited to a select menu of tests used for clinical situations requiring immediate laboratory results (i.e. medical emergency, surgery in progress, etc.). STAT requests cannot be ordered for future dates/times. The expected collection response time to a STAT order, for a Hospital patient, is 10 minutes from the time of notification. The expected delivery response time, for a hospital patient, from collection to receipt in the Laboratory is also 10 minutes. The result turn-around time for a STAT test for both OCF hospital and clinic patients is 1 hour from receipt (verification) into the Laboratory Information System. Some procedures, however, require more than 1 hour to perform. STATs are available on a 24-hour basis and are processed sequentially.

The list of tests available STAT is included in Attachment 1.

D. **TIMED:**

Timed priority is exclusively and automatically used for those tests in which the time of collection is absolutely critical for analytical reasons (i.e. peak and trough drug levels). The collectors must receive notification of a timed blood request at least 30 minutes prior to the collection time needed. The expected collection time for a TIMED order, for a Hospital patient, is within ± 15 minutes of the time needed. The specimen should be delivered to the Laboratory with other ROUTINE samples. TIMED samples will be processed as a ROUTINE test with a result turn-around time of approximately 4 hours after receipt (verification) into the Laboratory Information System.

II. **DRUG MONITORING:**

A. **Therapeutic:**

ROUTINE and STAT analysis are run 7 days/week, 24 hours/day. Some methods may require more than 1-hour analysis time for STAT requests.

Acetaminophen	Methotrexate
Amikacin	Phenobarbital
Carbamazepine	Salicylate
Digoxin	Theophylline
Dilantin	Tobramycin
Gentamicin	Valproic Acid
Lithium	Vancomycin

The following drugs are available daily with the following cut-off times:

Cyclosporine	12:30 P.M. Monday – Friday 10 A.M. Saturday, Sunday & Holidays
Tacrolimus (FK-506)	12:30 P.M. Monday – Friday 10 A.M. Saturday, Sunday & Holidays

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B. Toxicology:

- a. **Comprehensive Drug Screen** (Urine & Blood)- STAT. Medical use only. Available 24 hours. Positive samples that require confirmation are sent to a reference lab, per physician request. The ordering physician, by contacting Laboratory Client Services at 842-4623, must initiate this confirmation.
(Panel includes: Urine: amphetamines, cocaine, methadone, barbiturate, benzodiazepine, opiates, marijuana (THC), phencyclidine (PCP), and alcohol.
- b. **Alcohol - STAT, ASAP, and Routine**, available 24 hours. Medical use only.
- c. **Acetaminophen** – STAT, ASAP, and Routine, available 24 hours. Medical use only.
- d. **Salicylate** – STAT, ASAP, and Routine, available 24 hours. Medical use only.
- e. **TCA – STAT, ASAP, and Routine, available 24 hours. Medical use only.**

III. **RESULT AVAILABILITY:**

- A. Laboratory results are available from EPIC, the Ochsner Electronic Medical Record system or via printed laboratory reports for our clients who are not using EPIC.
- B. If EPIC is not available, results may be obtained from Ochsner Laboratory Client Services, 842-4623. Please have the patient's medical record number and date of birth available when calling.
- C. If a patient is being admitted from the Clinic, check the EMR for tests that may have already been ordered and drawn to prevent duplication of testing.
- D. Critical Values – all critical values are called to the area of **specimen origination**. The time and name of the person contacted will be included in the permanent laboratory report. See separate listing of critical values.

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IV. PROFILE AVAILABILITY:

The following profiles are available for ordering:

Name of Profile	Test Code	Constituents
Electrolytes	LYTES	Na, K, Cl, CO ₂
Basic Metabolic Panel (BMP)	BMP	Electrolytes, BUN, Creatinine, Glucose,
Comprehensive Metabolic Panel (CMP)	CMP	BNP, Calcium, Total Protein, Albumin, Total Bilirubin, AST, Alkaline Phosphatase, ALT
Lipid Profile	LIPID	Cholesterol, Triglyceride, HDL, LDL, HDL/Chol, Chol/HDL ratio
Hepatic Function Panel	HEPFP	Total Protein, Albumin, Total Bilirubin, Direct Bilirubin, AST, ALT, Alkaline Phosphatase
Renal Function Panel	RENAL	BUN, Na, K, Cl, CO ₂ , Glucose, Creatinine, Calcium, Albumin, Phosphorus
Hepatitis Panel, Acute	HEPAC	Hepatitis B Surface Antigen, Hepatitis B Core Antibody IgM Hepatitis A Antibody IgM Hepatitis C Antibody
Hematology Profile (CBC without a Differential)	CBC, RCBC	WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, PLT, MPV
CBC with Auto Differential	CBCWD,	Heme Profile above plus automated WBC differential
Hem-Onc Complete Blood Count (CBC)	CBCON	Heme Profile above plus automated WBC differential

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V. **SPECIMEN HANDLING GUIDELINES:**

All specimens accepted for laboratory testing must be correctly identified, collected and delivered to the Laboratory to ensure that test results are accurate and are recorded for the correct patient.

A. **Identification**

All patients must be positively identified by using 2 patient identifiers: name and date of birth, before the specimen is collected to avoid mislabeled specimens.

B. **Mislabeled / Unlabeled Specimens**

- a. All specimens must be properly labeled with the patient's full name (first and last), the medical record number (unique identification number) and the date of collection.
- b. If a mislabeled / unlabeled specimen collected by a non laboratory personnel is sent to the laboratory for processing, the specimen will be rejected and the patient's nurse or Charge Nurse will be notified via telephone and a laboratory specimen error form will be completed.

C. **Collection and Delivery of Specimens to Laboratory**

- a. All specimens must be collected in appropriate container type. Please refer to the Laboratory Specimen Collection Manual for specific instructions including patient preparation, type and amount of specimen to be collected, need for special timing for collection and need for special handling between time of collection and time received by the laboratory (i.e. refrigeration, immediate delivery, etc.). Tops must be secure and exterior of container must not be soiled with container contents. Specimen containers must be placed in a sealed zip type plastic bag with the request slip attached to the outside of the bag. A red STAT sticker should be applied to the outside of the plastic transport bag on STAT requests only.
- b. Specimens should **not** be submitted in syringes, with or without needles attached, and will **only** be processed in certain situations where limited specimen volume restricts transfer to the appropriate container. Pathologist approval will be required to process specimens received in this manner.
- c. Fluids for routine analysis should be placed in the appropriate tube type and not submitted in the collection bag unless specifically required by collection protocol (i.e. Cytology examination).

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- d. All specimens must be accompanied by an adequate requisition. Requisitions should be complete, including:
 - a. Name and medical record number, patient date of birth, and patient sex
 - b. Complete patient demographics and billing information
 - c. Name and location/address of ordering physician
 - d. Date and Time of specimen collection
 - e. Test(s) requested
 - f. Appropriate ICD-10 Diagnostic Code for outpatient orders
 - g. Source of specimen when appropriate
 - h. Clinical information when appropriate

D. Medicare Medical Necessity

The Social Security Act stipulates that payment under the Medicare program is only for those tests / procedures deemed medically necessary.

The definition of medical necessity states:

Items or services, which are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve functioning of a malformed body member (i.e. glucose level for a diabetic patient is medically necessary to diagnose and treat the patient but a patient with a common cold does not need a urinalysis.)

Procedures that may be medically appropriate are not necessarily medically necessary as defined by CMS.

Test that do not meet the Medicare guidelines for medical necessity will require that outpatients are given advance written notice that the test may be considered non-covered by Medicare and that the beneficiary will be financially responsible for the test. Any test ordered which does not meet Medicare's medical necessity criteria will require a signed **Advanced Beneficiary Notice** (ABN or Waiver). Waivers are not collected from inpatient or hospital registered outpatients (i.e. ED, day of admit surgery).

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Attachment 1 TESTING AVAILABLE STAT

Acetaminophen	D-Dimer	Phosphorus, urine
Albumin	Direct Coombs	Platelet Antibody Screen
Alkaline Phosphatase	Electrolytes	Platelet Count
Alcohol, Medical	Fetal Cell Quant.	Potassium
ALT	Fetal Fibronectin	Prothrombin Time (PT)
Ammonia	Fibrinogen	Pregnancy Test, Rapid, Urine
Amylase	GGT	Protein, Total
Antibody Identification	Glucose, Random	Rapid HIV testing
Antibody Titer	Gram Stain	Renal Function Panel
aPTT (PTT)	Group & RH	RHIG (RhoGam) T&S
AST	HCG, quant	Rosette (Fetal Screen)
Basic Metabolic Panel	Hematocrit	RSV Antigen Detection
Bilirubin, Direct	Hepatic Function Panel	Salicylate
Bilirubin, Total	HIV Rapid	Sickle Quick
Calcium, Ionized	Indirect Coombs	Sodium
Calcium, Total	Influenza A & B	Theophylline
Carbon Dioxide	Lactic Acid	Tobramycin
Caffeine	LDH	Transfusion Rxn Workup
CBC without a diff		
CBC with screening diff	Lamellar Bodies*	Troponin
Chloride	Magnesium	TSH
CK, Total	Mono Spot	Type & Screen
CK, MB	Naturetic Peptide Assay	Urea Nitrogen (BUN)
Comprehensive Metabolic Panel	Occult Blood	Uric Acid
Comprehensive Drug Screen	Organ Donor Workup-BB	Urinalysis
Creatinine	Organ Recipient Workup - BB	Vaginal Screens
CSF – Protein	Osmolality, serum/urine	
CSF – Glucose	PTH - intraoperative	
CSF – India Ink	Phenobarbitol	
Digoxin	Phosphorus	
Dilantin		

*Jefferson Highway Lab Only