

**St. James's Hospital**  
**Department of Laboratory Medicine (LabMed)**

**Policy on Provision of Pathology Laboratory Services to External Agencies**  
**Policy Number: SJH:LabMed(P):003**

<b>Ownership:</b> Laboratory Manager	<b>Reviewed by:</b> Laboratory Clinical Director
<b>Approved by</b> Deputy CEO Ms. E. Hardiman	<b>Signature:</b> <u>Ms. E. Hardiman (on file)</u> Deputy CEO
<b>Effective from:</b> January 2008	<b>Revision Due:</b> January 2010
<b>Document History:</b> Version 1 January 2007	
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This policy replaces all existing policies from January 2008 onwards and is due for review on January 2010. It will be reviewed during this time as necessary to reflect any changes in best practice, law, and substantial organisation, professional or academic change.

**Distributed to:** External agencies requiring Laboratory Services, Laboratory Personnel, Deputy CEO of St James's Hospital

1. **Aim of Policy:** To outline the requirements, which need to be met by External Agencies requiring laboratory services, in order for the laboratory to provide a safe and effective quality service.
2. **Policy Statement:** The Laboratory Medicine (LabMed) Directorate of St James's Hospital is committed to the provision of laboratory services to External Agencies when a Service Level Agreement (SLA) is in place. The SLA is an agreement between the two parties specifying the level of service required, details of service provision and review and the cost and payment details for that level of service.

### 3. Standards

**When sending samples to the laboratory for examination all External Agencies are required to:**

- 3.1 Emergency contact telephone number(s) for the medical team must be submitted to the laboratory department for the communication of urgent results, outside normal practice hours, including weekends and Bank Holidays. Arrangements must be made between the relevant stakeholders, to ensure that results meeting the critical threshold criteria of the laboratory can be telephoned directly to the agency, without complication. This is a critical clinical risk management issue for all parties concerned.
- 3.2 Blood/Serum/Plasma Samples must be labelled with a minimum dataset of Full Name, Date of Birth and Date sample taken. Samples failing to meet these criteria will be rejected. All other samples should, in addition to the above, have the sample type or site, as appropriate, recorded on the sample container (e.g. MSU, EAR SWAB). Samples coming from external laboratories should have the patient's MRN and local laboratory accession number attached.

**Note: In certain clinics, the laboratory will accept samples with**

- Patient Initials,
- DOB
- Unique patient identifier
- Sex.
- Date sample taken

in addition to sample site and type, if not a blood sample

**3.3** The Request Form must be legibly written, with a minimum dataset of Full Name of Patient, Sex, Date of Birth, Date sample taken and test examinations clearly indicated. In addition, any non-blood samples must have the sample type/site recorded on the form (e.g. MSU, Sputum, Ear Swab). The request form must contain the Agency's address and the full Name and address of the Requesting Doctor (e.g. using the Doctor's Practice stamp for the agency). Clinical Details should be provided, where possible. Samples coming from external laboratories should have their laboratory accession number attached

**Note 1: In certain clinics as described above, the laboratory will accept request forms with**

- Patient Initials,
- DOB
- Unique patient identifier
- Sex.
- Date sample taken

and other information as described above

**Note 2: first line of address is a minimum requirement to avail of the Healthlink messaging system, without which, it cannot be transmitted**

**3.4** Packaging of samples for transport to the laboratory must be in accordance with current Safety Legislation and in accordance with laboratory policy, a copy which is available on the website. Advice may be sought from the Laboratory.

**3.5** If the report is required urgently, the laboratory should be notified by telephone and it should be clearly specified on the request form.

**3.6** External Agencies are encouraged to avail of the electronic reporting system "Medibridge" for the receipt of Laboratory Reports. Further information on laboratory services may be sought from the laboratory Manager at [jgibbons@stjames.ie](mailto:jgibbons@stjames.ie)

## **Bibliography**

1. Out of Hours Reporting of markedly abnormal laboratory test results to Primary Care: Advice to Pathologists and those that work in Laboratory Medicine. Royal College of Pathologists (UK), 2007.
2. ISO 15189 (2003): Medical Laboratories-Requirements for Quality and Competence
3. CPA (UK) Ltd. Version 2.0. 2007, Standards for the Medical Laboratory

<b>Document Log</b>			
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Policy Revision	2	January 2008	<ol style="list-style-type: none"> <li>1. Request for agencies to provide emergency contact numbers</li> <li>2. Criteria for minimum dataset on samples and request forms expanded to include patient initial, DOB and a unique patient identifier</li> </ol>