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

External Agency Pathology / Laboratory Service Provision Policy
SJH:LabMed007

Owner: Laboratory Manager	**Approved by** Laboratory Clinical Director Dr. Brian O Connell
Reviewed by: Quality Manager	**Effective from:** January 2007
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This policy replaces all existing policies from June 2018 onwards and is due for review on June 2021. 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 using SJH Laboratory Services, SJH Laboratory Personnel
Posted SJH Intranet: **http://www.stjames.ie/intranet/ppgs/supportdirectorates/**

1.0 Policy Statement
The Laboratory Medicine (LabMed) Directorate of St James's Hospital is committed to the provision of quality and safe services to External Agencies where a Service Level Agreement (SLA) is in place. The SLA identifies the specific level of service, the sample, documentation and reporting requirements, the cost and remuneration details and the timeframe and methodology for review agreed by the two parties. All external service users are required to meet sample, documentation and packaging standards (described herein-Section 3.0)

2.0 Policy Aim
To direct External Agencies in the practices they are required to undertake when sending specimens for analysis to St. James's Hospital Laboratory in order for the laboratory to provide a safe and effective quality service. The requirements are outlined in section 3 (Standards)

3.0 Standards

3.1 When sending samples to the laboratory for examination, all external agencies are required to:

3.1.1 Enter into a Service Level Agreement

3.1.2 Provide emergency contact telephone number(s) of the referring medical team or referring laboratory for the communication of urgent critical results outside normal working hours, including weekends and Bank Holidays.

3.1.3 Label all Blood/Serum/Plasma Samples with a minimum dataset of
- Patient's Full Name (Surname + Forename)
- Patient's Date of Birth

3.2 Samples failing to meet these criteria will be rejected.

3.3 Additional specimen labelling information:
The following additional information is desirable to have on the specimen, to assist in processing the request and interpreting the results.

3.3.1 Gender of the patient (this is particularly important where requested investigations have gender-related reference ranges)

3.3.2 The date of collection of the specimen (where delayed analysis may lead to erroneous results, this may be required).

3.3.3 Time of collection of the specimen. In certain cases, information relating to the timing of specimens is required, for example, in dynamic function testing, to identify peak and trough or pre- and post-treatment specimens or where diurnal variation and circadian rhythms are important for interpreting the result

3.3.4 All other (non-blood) samples must, in addition to the above, have the sample type or site, as appropriate, recorded on the sample container (e.g. MSU, EAR SWAB)

3.3.5 For samples coming from external laboratories it is also desirable to have the patient's MRN (medical record number) and local laboratory accession number on the specimen, especially if these are not on the request form. (See Appendix 1 for further information on aliquot samples)

3.3.6 In certain clinics (such as infectious disease clinics), the laboratory will accept samples with the Patient's:
- Initials + a Unique patient identifier
- DOB
- Gender
- in addition to sample site and type, if not a blood sample

3.4 All external agencies are required to Complete and submit a Laboratory Request Form (unless ordered electronically where a hard copy request card is not required but an electronic generated request slip is provided for scanning).

3.4.1 The hard copy form must be legibly written with a minimum dataset that includes the patient's:
- Full Name
- Date of Birth or Medical Record Number
- Requesting Doctor's name
- Investigation(s) required
- Destination for the report (e.g. name of the referring institution)
- Gender

3.5. Additional Request Form labelling information
The following additional information is desirable to have on the request form, to assist in processing the request and interpreting the results.

3.5.1 The date of collection of the specimen (where delayed analysis may lead to erroneous results, this may be required).

3.5.2 Time of collection of the specimen. In certain cases, information relating to the timing of specimens is required, for example, in dynamic function testing, to identify peak and trough or pre- and post-treatment specimens or where diurnal variation and circadian rhythms are important for interpreting the result

3.5.3 The patient's clinical details should be provided where possible (including any drug or antibiotic therapy) to help in interpretation of results

3.5.4 Non-blood samples must, in addition to the above, have the sample type or site, as appropriate, recorded on the request form (e.g. MSU, EAR SWAB)

3.5.5 Request forms/cards coming from external laboratories must have their laboratory accession number attached

3.5.6 In certain clinics, as described above (e.g. Infectious disease clinics), the laboratory will accept request forms with the Patient's:

- Initials,
- DOB
- Unique patient identifier
- Gender
- Date sample taken
- other information as described above

3.5.7 Certain investigations may require additional information on the specimen or request form. These are detailed in each department's section of the LabMed User Guide at www.stjames.ie (click on the Lab Services tab in the "GPs & Healthcare Professionals" section of the site).

3.6 **All external agencies are required to pack samples for transport** to the laboratory in accordance with current ADR and Safety Legislation, in a manner and within a timeframe to prevent deterioration of the sample, and in accordance with laboratory policy, a copy which is available on the website at www.stjames.ie . Advice may be sought from the Laboratory.

3.7 In the event the report is required urgently, the laboratory must be notified by telephone and the urgency must be clearly specified on the request form.

3.8 External Agencies should where possible avail of electronic requesting and reporting system, such as, DMF (MediBRIDGE) system which uses an encrypted technology

3.8.1 Electronic requesting and reporting is the method of choice. From a patient safety perspective this is the preferred mode as it eliminates all the potential errors associated with the manual system, thus ensuring the correct results are reported on the correct patient in a timely manner**. It** ensures the following:

- Accurate demographic information transfer
- Accurate tests requests transfer
- Sample tracking to ensure full audit trail
- Electronic test ordering and results reporting
- Potential to electronically upload results into referral laboratory's LIMS
- Avoids unnecessary follow up on outstanding reports
- Mitigates against any risk of data breaches and helps comply with the General Data Protection Regulations introduced in 2018.

3.9 Further information on any aspect of this policy or the SJH Laboratory services may be sought from the laboratory Manager at **jgibbons@stjames.ie**

Appendix 1: Procedure for receipt of aliquot sample type from External laboratories

Bibliography

1. The communication of critical and unexpected pathology results, Royal College of Pathologists (UK), 2017
2. ISO 15189 (2012): Medical Laboratories-Requirements for Quality and Competence.

Appendix 1:
Procedure for receipt of aliquot sample type from External laboratories

Aliquot Sample type from External laboratories

In order to streamline the handling of all specimens in Biochemistry and Immunology we are aiming to standardise the tube type used by all our users both within St. James's Hospital laboratory and received from external users. We are now using the Roche pre-analytical system to help us prepare samples for analysis. This instrument has been designed to handle tubes which adhere to certain size characteristics. In our case this demands tubes with dimensions of **13 x 75mm or 13 x 100mm only**. Tubes that don't meet these dimensions cannot be handled automatically and must be processed manually adding significant work for the laboratory and delaying the analyses and this can also lead to errors in further aliquots being made for other areas. A further requirement is that whole-blood sample tubes must contain a **GEL** barrier which prevents erroneous sampling on our chemistry analysers. The latter is required if whole blood is received

To achieve these objectives all our users are requested to only send us samples that fulfil the above criteria. This can be achieved by the following methods.

Aliquot Serum samples

1. Centrifuge blood-sample locally and transfer serum/plasma to a fully labelled 13mm tube (preferred type is the Sarstedt 13 x 75mm 5mL PP. part no. 55.525 and corresponding cap part no. 65.806). This is a polypropylene tube which is much stronger than the standard polystyrene tube which we have found can crack during sample transport.
2. Please note if any of the following endocrine tests is requested, one additional aliquot of **serum** is required for each (Please see Lab User Manual on website for more information):
    - Androstendione/Testosterone/17-OHP/DHEAS - 600µl in total
    - Gastrin 500µl
    - Thyroglobulin 500µl
    - TRAB 400µl
    - CGA 200µl
3. If either of the following tests is requested an aliquot of EDTA plasma is required:
    - Renin – 600 µl
    - Aldosterone – 300 µl

Whole blood samples

1. Take blood sample into **13mm** evacuated tube (plastic not glass) containing **GEL** barrier (preferred type Greiner 13 x 100mm Red capped plain serum Gel tube part no. 456071. Blood samples taken into appropriate GEL tubes can be centrifuged locally for 10 minutes prior to transporting to our laboratory.

Document Log			
Document Title	External Agency Pathology / Laboratory Service Provision Policy		
Document Number:	SJH:LabMed007 (Previous Number SJH: LabMed(P):012)		
Document Status i.e. New, Revision, replaced etc	**Version Number**	**Revision Date**	**Description of Changes**
Revision	2	January 2008	▪ Request for agencies to provide emergency contact numbers ▪ Criteria for minimum dataset on samples and request forms expanded to include patient initial, DOB and a unique patient identifier
Revision	3	January 2012	▪ Appendix 1 included ▪ Electronic results and reporting information updated
Revision	4	January 2014	▪ No changes to procedure ▪ New number allocated (Duplicate identified)
Revision	5	April 2016	▪ 3.1.1 Essential to have a SLA ▪ 3.1.2 Removed term accreditation and inserted quality and safety ▪ 3.3 Additional desirable specimen labelling information ▪ 3.3.1 Add diurnal variation and circadian rhythms ▪ 3.4 Add "Unless ordered electronically and Hard Copies not required)" ▪ 3.5 Additional desirable request form labelling information ▪ Appendix 1 Remove reference to Sarstedt tubes for whole blood
Revision	6	June 2018	▪ New Document Number assisgned to reflect updated SJH PPG Register ▪ 3.4 Add "but an electronic generated request slip is provided for scanning" ▪ Move gender as a requirement from section 3.5.1 to 3.4.1 ▪ 3.6 Add in compliance with ADR regulations for Specimen transport. ▪ 3.6 Add in "in a manner and within a timeframe to prevent deterioration of the sample" ▪ 3.8 Introduced the GDPR Regulations and the value of electronic requesting and reporting to mitigate potential data breaches. ▪ Bibliography: Update reference on Communication of results to RCPath 2017 guidelines ▪ Appendix 1. Update aliquot requirements and volumes to current guidelines.