LB.24 The laboratory has a written description for the format and contents of its reports.

LB.24.1 The laboratory has a written description for the format and contents of its reports which include:

LB.24.1.1 Identification of the testing laboratory.

LB.24.1.2 Patient identification (full name and medical record number, age and sex).

LB.24.1.3 Identification of the ordering physician.

LB.24.1.4 Date and time of specimen collection and the source of specimen.

LB.24.1.5 Reporting date and time.

LB.24.1.6 Test results and reference intervals.

LB.24.1.7 Identification of the authorized person releasing the report.

Standard Intent:

As applicable, all of the above elements of a laboratory report must be available in the laboratory information system or in paper records.

LB.25 The laboratory develops a process for critical results reporting.

LB.25.1 The laboratory implements policies, procedures and records in consultation with clinical departments to address the following:

LB.25.1.1 Identification of results that should be reported as critical.

LB.25.1.2 Identification of the notified party.

LB.25.1.3 Identification of the means of communicating critical results.

LB.25.1.4 Description of the sequence of conveying the result and read-back.

LB.25.2 Documentation of critical results notification event includes:

LB.25.2.1 Date and time of notification.

LB.25.2.2 Patient identification.

LB.25.2.3 Test results.

LB.25.2.4 Documentation of read-back.

LB.25.2.5 Identification of the notifying person.

LB.25.2.6 Identification of the notified person.

Standard Intent:

Critical results are those results that may require rapid clinical attention to avert significant patient morbidity or mortality. The medical director of the laboratory needs to define the critical values in consultation with clients and clinical departments served.

Records must be maintained showing prompt notification of the appropriate clinical individual after obtaining results in the critical range. These records should include: date, time, responsible laboratory individual, person notified, test results and documentation of read-back. Any problem encountered in accomplishing this task should be investigated

to prevent recurrence. Allowing clinicians to "opt out" of receiving critical results is strongly discouraged.

LB.26 The laboratory develops a process for amending reported laboratory results.

LB.26.1 The laboratory implements policies and procedures for amending/correcting reported results. This includes:

LB.26.1.1 Definitions of report corrections and amendments.

LB.26.1.2 Format of the corrected report.

LB.26.1.3 Requirement to include the previous result in the corrected report.

LB.26.1.4 Notification of clinical departments.

LB.26.1.5 Application of general reporting requirements.

Standard Intent:

Corrected or revised report means changes to patient results, accompanying reference intervals and interpretations, or patient identifiers, but not to minor typographical errors of no consequence. As clinical decisions or actions may have been based on the previous report, it is important to replicate previous information (test results, interpretations, reference intervals) for comparison with the revised information. The previous information and the revised information must be identified as such, and the original data must be present in the revised report (for paper reports), or linked electronically or logically to the revised information (in electronic reports).

When there are multiple sequential corrections of a previously reported result, it is considered inappropriate to note only the last correction made, as the clinician may have made a clinical decision based upon erroneous data rather than the "true" result. All corrections should be referenced in the patient report.

LB.27 The laboratory has a process for reference laboratory services.

LB.27.1 There is a clearly defined and implemented process describing the laboratory role in selecting and evaluating providers of reference laboratory service, including:

LB.27.1.1 Selection criteria (including accreditation status) for the provider of reference laboratory services.

LB.27.1.2 Inclusive list of send-out tests.

LB.27.1.3 Detailed procedure for specimen transportation and results reporting.

Standard Intent:

Reference laboratory services are one of the critical services that should be properly controlled. Laboratories may outsource services such as infectious disease testing, advanced immunohematology testing, hematology and coagulation for quality control testing. The suppliers of these services may be internal (e.g., other departments within the same organization) or external (outside vendors). Proper control of reference