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

laboratory services includes:

Selection; Selection of reference laboratories must be based primarily upon the quality of performance of such laboratories. Whenever possible, referral specimens should be sent to an accredited laboratory. The laboratory director should ensure that the reference laboratories provide turnaround times that meet clinical needs.

Scope of service; an inclusive list of outsourced services/tests need to be maintained current.

Specimen requirements; the referring laboratory should follow all requisition, collection and handling instructions specified by the reference laboratory.

Result Reporting; Testing records and patient reports must state the name of the reference lab performing the test and the identification of the person authorizing the release of the results.

Agreement/Service Contract; a signed document specifying the expectations of the two parties involved should be readily available for quick referencing. Essential elements of such a document may include:

1. Scope of Service
2. Agreement conditions (including accreditation status).
3. Sample Requirements
4. Turn Around Time
5. Result Reporting
6. Release of information to third party
7. Solving disputes
8. Validity of the Agreement and Review schedule.

LB.28 The laboratory develops a comprehensive system for Point-of Care-Testing (POCT).

LB.28.1 The laboratory implements policies and procedures to address the following:

LB.28.1.1 Clear definition of POCT.

LB.28.1.2 Assignment of the responsibility of managing the POCT to the laboratory.

LB.28.1.3 Guidelines describing the process of acquiring POCT devices/methods.

LB.28.1.4 Training and competency testing requirements.

LB.28.1.5 Maintenance, quality control, and quality management of the POCT devices/methods.

LB.28.2 The laboratory assigned a qualified individual as POCT coordinator.