

Frequently Asked Questions: Clinical Areas Standardized Laboratory Requisitions

General

1. Who do I contact if I have further questions?

shlabrequisitions@sharedhealthmb.ca

2. We have standing orders that don't expire for six months, will these be accepted after June 30th?

Clinicians are encouraged to provide patients with updated requisitions as they are available. This will be handled on a case by case basis, but reasonable efforts should be made to provide patients with up to date requests. This is the reason for the long grace period.

3. Where do I find copies of the requisitions?

All are included in the Shared Health Diagnostic Services Lab Information Manual (LIM)
<https://apps.sbgh.mb.ca/labmanual/test/findTestPrepare>

Clinical Practice Change Memos can be found here: <https://sharedhealthmb.ca/health-providers/diagnostic-services/>

4. What should PCH be using for requisitions?

Outpatient Requisition-cross over would be okay as long as there is a physician contact for critical results

5. Who is responsible for critical results?

The ordering Practitioner of Record is legally responsible. This is why it is very important to fill out the section that asks about Critical results contact information. If inpatient, this information could be the floor the patient is on.

Inpatient

6. How are wards in the hospital to indicate urgency?

For now, they will need to find a place to write in somewhere. We will consider this for future revisions to Hospital Requisitions.

7. Do I need an emergency contact number for Inpatients?

No, if the requisition is for an inpatient, we will contact the ward if there is a critical result, the ward will be responsible to act on the critical result. If the patient is an outpatient, then an after hours contact number should be provided or the ordering provider should have their 24/7 contact information submitted to our Lab Information System

8. Do I need to identify the Ordering Facility on the inpatient requisition?

No, but you must identify the ward/ clinical unit.

9. AST is not on the requisition?

AST most often provides the same information as ALT. If AST is needed, it can be written at the bottom of the requisition in the “other tests” section.

10. TSH is not on the requisition?

TSH is not on the inpatient requisition, but it is on the outpatient requisition. TSH orders Thyroid Reflex Testing. The lab will automatically perform Free T3 and Free T4 based on TSH result. (no need to order these separately). If needed on inpatients, just order TSH at the bottom in the “Other Tests” section.

11. Tumour markers and some other endocrine tests are not on the requisition?

These are still available and can be written at the bottom in the “Other Tests” section.

Urine Chemistry Requisition

12. What are the changes to urinalysis?

What was previously called urinalysis is now called “Urine Renal Workup. For this test, urine microscopy will only be performed when the urine dipstick is positive for blood and or protein and or leukocyte esterase. If these are not present, no microscopy will be performed. THIS IS NOT A CHANGE

What is new – a laboratory performed “Urine Dipstick Only” can now be ordered as urine microscopy is often not required. The urine dipstick is the basic urinalysis test completed by the analyzer in the lab. No microscopy will be performed based on the results if dipstick only is ordered. The urine dipstick provides a rapid, semi quantitative assessment of urine for: Glucose, Bilirubin, Ketone, Specific Gravity, blood, pH, Protein, Urobilinogen, Nitrite and Leukocytes.

In certain cases, if microscopy is needed regardless of dipstick results, the ward may call the lab to add this on.

The plan during the role out is that reflex to urine microscopy will continue (as described above) when only “urinalysis” is ordered on an older requisition until the implementation is complete (target June 30th, 2021). Due to test code changes required, there have been a few issues where a site was not getting the reflex microscopy when the dipstick was positive for blood and or protein and or leukocyte esterase. Please contact the lab director/ supervisor if you think there is a problem at your site and they will work with you to resolve.

13. Why do we need to include the Time of Collection for urine samples

Time of collection is important as you can then relate the results to the clinical state of the patient at that time. In addition, samples will change with time, so this information is used to ensure the sample is suitable for testing. For example, urine samples change with time and temperature. For urine dipstick testing the samples should be processed by the lab within 2 hours (consider that the lab also needs time to receive and perform workup). Delayed in processing and prolonged exposure at room

temperature may result in microbial growth causing changes in the pH, false positive protein tests, decreased glucose and false positive blood reactions. It is highly recommended that urine samples labeled with patient's identifiers including recorded time of void by nursing staff, and are brought to the lab for processing in less than 2 hours from collection time to ensure reporting accurate results.

14. Where do we order urine Albumin Creatinine Ratio?

Just order Urine Albumin on the urine chemistry testing requisition. At the bottom of the requisition there is a legend which explains the 1, 2, 3 &4 denoted behind some of the tests. Urine Albumin, and some other tests, are reported as a ratio to creatinine.

Immunology Requisition

13. We noticed that gluten sensitivity and irritable bowel syndrome is commonly ordered and not found on the biochemistry requisition.

These can be found on the Immunology Autoimmune requisition (R250-10-85) and should be ordered on this requisition.

Outpatient Chemistry/Hematology Requisition

14. Was lipase removed from outpatient requisition?

Yes, if needed it can be written at the bottom.

Microbiology

15 What are the changes for urinary tract specimens?

Clinical indications must be listed for symptomatic and asymptomatic patients to have urine cultures performed. After June 1, these requests will be rejected if this information is missing. This information helps the lab determine appropriate steps.