NOTE DE SERVICE
MEMORANDUM

date: 2019-02-04

to: Users of OPTILAB Montreal-MUHC cluster laboratories

from: **OPTILAB Montreal MUHC Management**

subject: **Updated Acceptance & Rejection Policy for Sample(s)/Specimen(s) submitted with Paper Requisition /Prescription**

Introduction

OPTILAB Montreal-MUHC cluster is harmonizing its sample(s)/specimen(s) Acceptance and Rejection Policy across all its divisions and sites. **This policy will go in effect as of Monday, April 29, 2019**. This Policy aims to be in keeping with regulations, guidelines and recommendations for specimen acceptance from a number of organizations including, ISO Standards, Collège des médecins du Québec, Ordre professionnel des technologistes médicaux du Québec, Canadian Medical Protective Association, the Canadian Association of Pathology, the College of American Pathologists, Quebec regulations, Accreditation Canada, and others.

Incomplete and inaccurate information on the requisition and/or sample(s)/specimen(s) label could result in mishandling, misdiagnosis, and delay in specimen handling as well as the release of reports. Obviously, such undesirable events can have a major impact on patient care. Furthermore, lack of adequate prescriber contact information can result in major adverse events if the Laboratory cannot reach the prescriber in a timely manner with critical/panic results.

After the policy is activated, we will be collecting data on **non-conforming or rejected** submissions due to failure to comply with this policy. We will share this information with you and your organization in order to work together to improve our patients' safety.

Blood Bank procedures at all sites are not affected by this Policy and remain as is at each site. These will be harmonized at a later date.

Implementation Support

We are aware of the impact that this change will have on our users. To facilitate the implementation of this new Policy, there will be a 6-week period of adaptation during which we will assist you.
Should you have any queries, please telephone the designated contact person at the following numbers by site. These will be activated on Monday April 15,2019.

Site	Telephone #	Ext #	Site	Telephone #	Ext #
Amos	819-732-3341	2347	St. Mary's Hospital	514-345-3511	3547
Hôpital général juif	514-340-8222	28212	Senneterre	819-825-5858	6142
La Sarre	819-333-2311	2316	Site Glen & MGH	514-934-1934	35687
Lachine	514-934-1934	77370	Témiscamingue	819-627-3385	1228
Lakeshore	514-630-2225	5573	Val-d'Or	819-825-5858	2247
Lasalle	514 362-8000	31520	Ville-Marie	819-629-2420	4142
Rouyn-Noranda	819-764-5131	43100			

This harmonized Sample Acceptance and Rejection Policy requires compliance with the following:

1. Mandatory Prescriber Information Required on Paper Requisition/Prescription

Mandatory For All	• **For "Individual Prescriptions" - Prescriber's * First and Last name AND License Number**
Mandatory for Hospitalized and ER Patients	• **Identification of Ward, Unit, Service for returning results** • **Prescriber signature NOT required**

Mandatory for ALL Outpatients	• **Out of hospital clinic:**
	  ○ **Complete address for returning results** including
	  ○ **Telephone** number,
	  ○ **Fax number** unless existing SRL (Solution Régionale de Laboratoire) connection
	• If the requesting Health Professional's 24 hour contact information (e.g. cell number or pager) is not yet registered with the Laboratory, this information must be clearly indicated on the requisition. This is required for transmitting Critical/Panic results**
	• **For hospital clinic - name of Clinic for returning results**
	• **For individual prescription - Signature of authorized Prescriber**

Recommended Additional Information	Other identifier such as a unique prescriber code attributed by a specific Laboratory site (e.g. laboratory code at the Jewish General Hospital). This is additional code does **NOT REPLACE** the mandatory requirements above.

* a) Physician, midwife, dentist, pharmacist or other health professional authorized to request laboratory tests.
b) Trainees (e.g. residents) cannot request laboratory tests solely under their own name, the name of the attending /supervising staff (health professional) and their license number needs to be included on the requisition/prescription.
c) For "Collective Prescriptions" - First and Last Name of "MÉDECIN RÉPONDANT" (and license number if available)

** In order to ensure that the Prescriber information is up-to-date, if not recently updated we are asking that they complete the attached form (***Authorization Form for the reception of Laboratory Results***) and returned it to the laboratory as soon as possible.

2. Mandatory Patient Information Required on the Paper Requisition/ Prescription

Mandatory	• **Patient's First Name** • **Patient's Last Name (if female-maiden name)**
PLUS ONE of the following (Mandatory)	• **Medical Record Number (MRN)** and if hospitalized the room number (if applicable) • **RAMQ Number** • **Date of birth (DOB) and Gender**

Special situations:

a. Fetal sample(s)/specimen(s) should be identified with the mother's full name, RAMQ/MRN, DOB and a distinct MRN of the fetus if available
b. Unknown patient's identification process (Unknown Patient protocol)
c. In case of research – Patient study number/code (Research protocol)
d. In case of anonymous screening for infectious diseases transmitted sexually or via blood product under the public health program – code attributed by prescriber

3. Mandatory Requested Test Information Required on the Paper Requisition/ Prescription

Mandatory	• **Date and time** of sample(s)/specimen(s) collection • **Signature and Employee Number or License Number** of the professional responsible for the sample(s)/specimen(s) collection • **Test(s) requested**
If Applicable	• **Relevant clinical information/History** • **Source of** sample(s)/specimen(s)

3.1 Additional Mandatory for all Pathology on the Paper Requisitions / Prescriptions

a. **Relevant Clinical Information/History**
b. **Procedure date and time**
c. **Anatomic site** from which sample(s)/specimen(s) was taken and type of specimen: required on both the requisition and specimen container (specimen(s) on requisition should match with the number of containers received).
d. **Time specimen placed in formalin**: required for all breast specimens, lung biopsies and all large surgical specimens that arrive in formalin.

4. Mandatory Information on Sample(s)/Specimen(s) Tubes or Containers

Mandatory	• **Patient's First Name** • **Patient's Last Name (if female-maiden name)**
PLUS ONE of the following (Mandatory)	• **Medical Record Number (MRN)** and for hospitalized patients their location • **RAMQ** Number • **If RAMQ unavailable Date of birth and Gender**
If Applicable	• **Source of** sample(s)/specimen(s) • **Date and time** of sample(s)/specimen(s) collection e.g. Dynamic function testing requiring more than one sample(s)/specimen(s) to be collected

4.1 Additional Mandatory Information on Sample(s)/Specimen(s) Tubes or Containers Submitted to Pathology

a. **The specimen source is mandatory information.**
b. **All specimens must be placed in leak-proof specimen containers.**
c. **Type of fixative must be indicated on the container:** specimens must have a label to indicate if "fresh" or in "saline", 10% neutral buffered formalin or another fixative. (Note that prefilled, pre-labeled formalin containers are available from a number of commercial distributers)

The requirement for the signature/initials and employee number or license number of the professional responsible for the collection on the sample(s)/specimen(s) container will only be implemented after April 2020.

5. Reporting of Critical / Panic values

It is the responsibility of all prescribers to assure that the laboratory has up to date contact information for the rapid transmission of panic/critical results 7/24. We therefore request that if you have not recently updated your information you fill out the attached form (***Authorization Form for the reception of Laboratory Results***) and return to fax number on the form.

6. Request for copies (cc) to be send to another professional

It is understood that the addition of cc to a requisition/prescription is done by the Prescriber with the knowledge and approval of the health care professional named in cc.

References:

- CAP (College of American Pathologist): CAP requirement number COM 06000, COM 06100, COM 06200, COM 06300
- "Règlement sur les normes relatives aux ordonnances faites par un médecin, RLRX, C. M-9, r. 25.1" (http://legisquebec.gouv.qc.ca/fr/ShowDoc/cr/M-9,%20r.%2025.1/)
- CMQ, Les ordonnances individuelles faites par un médecin : 10/2016 Guide d'exercice (http://www.cmq.org/nouvelles-pdf/n-3-2016-10-03-fr-nouveau-guide-sur-les-ordonnances-individuelles-faites-par-un-medecin.pdf?t=1546697017081)
- INTERNATIONAL STANDARD ISO 15189: Medical laboratories - Requirements for quality and competence
- OPTMQ (Ordre professionnel des technologistes médicaux du Québec): Quality in Biomedical Laboratories, Second Edition, Chapter 10, Rules of Practice
- http://www.cmq.org/publications-pdf/p-1-2012-09-01-fr-cadre-gestion-pour-suivi-securitaire-resultats-investigation-ou-depistage.pdf
- CMQ, Les ordonnances collectives - guide d'exercice (mai 2017) http://www.cmq.org/publications-pdf/p-1-2017-05-01-fr-ordonnances-collectives.pdf?t=1549133010056
- OIIQ - https://www.oiiq.org/en/pratique-professionnelle/encadrement-de-la-pratique/outils-cliniques/ordonnances-collectives