

## Referral Testing Check Sheet



### TEST ORDER CODE AVAILABLE

#### 1. Is there a test order code?

- ▶ **NO** - Go to the Page 2 – No Test Order Code
- ▶ **YES** – Go to *Step 2* Test Code: \_\_\_\_\_

#### 2. Is the test on the *Order Error List*?

- ▶ **NO** – Go to *Step 3*
- ▶ **YES** – Contact the RN/DR to verify the order.  
Is the order correct?
  - ▶ **NO** – Ask for cancel request and to order the correct test.
  - ▶ **YES** – Go to *Step 3*

#### 3. Has the order been reviewed in Order Result Viewer (ORV)?

- ▶ **NO** – Open ORV – Sort by Test – Look for duplication or common order issues. *See Common Order Issues. If necessary, address concerns with site management and/or medical director. Please refer to JDOS for further common errors*
- ▶ **YES** – Go to *Step 4*

COMMON ORDER ISSUES	Solution
Qualitative (Screen) and Quantitative order placed at the same time	Contact the RN/DR to verify order.
Qualitative (Screen) order result is still pending, and quantitative order is placed	Contact the RN/DR to verify order.
RNA, Genotype, Phenotype orders placed, and no initial screen test performed, i.e. Hepatitis C RIBA ordered and Hepatitis C has not been done or is diagnosis.	Contact the RN/DR to verify order.
Excessive orders placed– i.e., Hepatitis testing, Factor Assays, Serology/Virology tests placed.	Contact the Site Medical Director/pathologist
Panel and individual components ordered- i.e., Acetylcholine Receptor Antibody Panel and each component- Acetylcholine Modulating, Blocking and Binding Antibodies	Cancel the individual components as duplicate orders

#### 4. Process the sample and send to referral laboratory.

## Referral Testing Check Sheet



### NO TEST ORDER CODE AVAILABLE

PESOT is ordered – Review the order by answering the questions below.

#### 1. Is there a test order code that is temporarily unavailable?

- ▶ **NO** – Go to step 2
- ▶ **YES** – Order ESOT/AP ESOT- bill using standard billing process

#### 2. Research test order and identify any alias/alternate names/descriptions.

Review JDOS and DOE. Obtain test specifics and enter below.

- Test name: \_\_\_\_\_ Reference Lab: \_\_\_\_\_
- Test Code: \_\_\_\_\_ CPT(s): \_\_\_\_\_
- Is the client **cost (including potential reflex)** of the test >\$500? Cost: **Yes / No** \$ \_\_\_\_\_
- Is the **turn-around-time (TAT)** > 10 days? **Yes / No** \_\_\_\_\_
- Temperature: \_\_\_\_\_ Specimen stability affected? **Yes / No** \_\_\_\_\_
- Is the test listed FDA approved \_\_\_ LDT \_\_\_ or ASR I? \_\_\_
  - Or is the test listed as RUO, IUO, or ASR II/III? **Yes / No** \_\_\_\_\_
- Is there a **special collection** container required which is not readily available? **Yes / No** \_\_\_\_\_
- Is the physician requesting a lab outside the system standard? (QNI>ARUP>Mayo etc.) **Yes / No** \_\_\_\_\_
  - Can the test be performed at one of the **'system standard'** at a lower cost? **Yes / No** \_\_\_\_\_
    - Cascade: \_\_\_\_\_ Requested lab: \_\_\_\_\_
  - Is the requested laboratory on the Master List of Reference laboratories for LSA?
    - ▶ **NO** - Complete the New Reference Lab Request form:
      - A. Obtain a copy of the laboratory CLIA certificate for new laboratory  
**NOTE:** Obtain a copy for all expired CLIA as well
      - B. Medical Director/Pathologist and/or Admin. Director must sign request form

**3. Final Steps:** If you answer **YES** to *any or all* the above questions, obtain approval from pathologist or site medical director. **APPROVAL Needed? Yes / No**

#### ▶ **NO: Continue to order**

- A. Order ESOT/AP ESOT/QNI FLEXI, collect sample(s), process and send out to the reference laboratory adding ESOTCOM (F9) as Order Note.
- B. Maintain all documentation of approved testing on site until ESOT/AP ESOT/QNI FLEXI is completed.

#### ▶ **YES: Obtain approval**

**APPROVED** \_\_\_\_\_ **Site Medical Director/Pathologist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ▶ Order ESOT/AP ESOT/QNI FLEXI, collect sample(s), process and send out to the reference laboratory adding ESOTCOM (F9) as Order Note.
- ▶ Maintain all documentation of approved testing on site until ESOT/AP ESOT/QNI FLEXI is completed.

**NOT APPROVED** \_\_\_\_\_ **Site Medical Director/Pathologist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ▶ Notify caregiver and cancel PESOT.
- ▶ Retain Checklist and PESOT on-site for 2 years.