Referral Testing Check Sheet

Name:	
MRN:	
PESOT Accn:	

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.

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PESOT Accn:	

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**   Range:

- Temperature: Specimen stability affected?   **Yes   No**

- Is the test listed FDA approved   LDT   or ASR I?

    o   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**

    o   Can the test be performed at one of the **'system standard'** at a lower cost?   **Yes   No**

        ▪   Cascade: Requested lab:
    o   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 (Rural Locations Only approval by Lab Management or designee)**

   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.