Lab Orders

PURPOSE: To establish protocol by which all providers and their associated staff should submit and process lab orders. To comply with CLIA requirements, increase testing accuracy and enhance patient/provider satisfaction.

POLICY: The provider, or medical assistant on behalf of the provider, will ensure all active lab orders are complete.

PROCEDURE:

1. Labs are ordered in usually three scenarios:
    a. "Same-day Orders" are placed in the *template* and drawn at time of patient visit.
    b. "Doctor's Orders" are a one-time, future lab test placed in the *med module* and drawn at time of patient arrival in phlebotomy. Previous Doctor's Orders must be marked inactive to prevent unnecessary repetitive orders.
    c. "Standing Orders" are a recurring test for the same patient placed in the *med module* and drawn at time of patient arrival in phlebotomy. Standing Orders are good for 1 year only. The provider, or medical assistant on behalf of the provider, must indicate the frequency or schedule when the Standing Order testing is needed (i.e. monthly, PRN, etc.) and place a stop date.

2. All lab orders **must** include the following information to be considered complete:
    a. Patient Name
    b. Patient Date of Birth
    c. Physician Name and Physician Signature
    d. Lab test(s) requested
    e. Diagnosis code(s) (Symptoms diagnosis code if exploratory)
    ***Items a-c are already included in the med module in NextGen

3. Patient "letters" from providers often cannot be used as a lab order as they don't contain complete information for placement in the EMR. When generating a letter to a patient requesting lab tests, be sure to include all necessary information as well as place the Doctor/Standing Order in the EMR. When a patient brings in an "insurance letter" they will be asked to communicate with the provider office to place an order in the EMR. To avoid loss of orders or confusion, handwritten or other paper-generated orders are *strongly discouraged*. An order placed in the med module allows orders to be more traceable, reliable, and improves accuracy in the lab. If a paper order is used, the order must contain all the information listed above.

4. All patients aged 60 or older that need to be scheduled for an imaging procedure with contrast and haven't had a BUN/creatinine test within the last month, need a separate order for those labs aside from the imaging order. It is the responsibility of the provider's office to ensure the "Doctor's Order" is placed in the medication module and, where possible, to have the patient labs drawn at least 2 days prior to the imaging procedure.