

Policy Title: Results Reporting.

Department/Unit:
Laboratory Unit.

Policy Number:
UOJ-MSA-LB-P/02

Replaces No:

Creation Date: 10/11/2022

Effective Date:

Review Date:

Revision History

Subject	Changes made	Done by	Revision date

1. **CONDITIONS:** 1.1 All Lab Staff.
2. **PURPOSE:** 2.1 To provide the medical doctors with accurate results that help them in clinical diagnosis and follow up of their patient.
3. **DEFINITIONS:** 3.1 **STAT:** means those results that should be reported within an hour to the requesting physician.
4. **Related Documents:** N/A
5. **POLICY:**
- 5.1 All laboratory results of tests described in the scope of service of laboratory service guide should be reported after approval from the head of the section and or the laboratory specialist.
- 5.2 All laboratory results should be approved and released with a normal reference range validated for manufacture range.
- 5.3 Reference ranges should be copied on the hard copy or printed-out from the instrument.
- 5.4 High, low and positive results are marked in the printout stapled on the hard copy.
- 5.5 All laboratory results should be reported and released with full patient name, health record number, name of ordering physician, date and time of specimen collection, date and time of specimen receiving, resulting and approval time.

6. PROCEDURES:

6.1 All laboratory results should have reviewed by the operator once they are printed out.

6.2 All laboratory results are then laboratory interpreted by the operator and the laboratory supervisor once printed.

6.3 All laboratory results are then laboratory and clinically interpreted by the attending physician.

6.4 STAT results are given priority in the above procedures.

6.5 The operator and the laboratory supervisor write laboratory comments and other recommended procedure if any to the physician.

6.6 Manual Results Reporting:

6.6.1 Results of manual or semi-automated tests are reported in log working sheets by the operator, then revised by the section supervisor and approved by laboratory physician in charge.

7. RESPONSIBILITIES:

7.1 It is the responsibility of all laboratory staff to monitor and implement this procedure.

8. Appendix:


N/A

9. REFERRANCES:

9.1 CBAHI Resource Manual.

9.2 MOH Policies and procedures for primary care, document nu: LB-APP-036EA (1).


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