DOCUMENT NUMBER: STCL-SOP-034

DOCUMENT TITLE:
Instructions for Tests in External Reference Labs

DOCUMENT NOTES:

Document Information

Revision: 02
Vault: STCL-Processing-rel
Status: Release
Document Type: SOPs

Date Information

Creation Date: 18 Apr 2011
Release Date: 11 Feb 2015
Effective Date: 11 Feb 2015
Expiration Date:

Control Information

Author: WATE02
Owner: WATE02
Previous Number: STCL-SOP-034 Rev 01
Change Number: STCL-CCR-257
STCL-SOP-034
INSTRUCTIONS FOR TESTS IN EXTERNAL REFERENCE LABS

1. PURPOSE
1.1. To provide instructions for sending out test samples directly from the Stem Cell Laboratory (STCL) to external reference laboratories instead of going through the Referral Laboratory when requested due to time constraints, etc.

2. INTRODUCTION
2.1. Parameters of rare diseases often must be tested in unique laboratories that are too specialized and or expensive to duplicate at multiple testing sites. Samples for tests of this nature are sent to reference laboratories. The shipment of samples is routinely handled by Duke’s Referral Laboratory but sometimes, due to time constraints, the STCL is asked to ship those samples directly to the designated reference laboratory instead of routing the specimen to the Referral Laboratory located at the Ben Franklin site. The specific instructions for sample type, handling, packaging and shipping are unique to each test. The instructions for tests commonly sent to reference labs are available in the Electronic Laboratory Manual (ELM).

3. SCOPE AND RESPONSIBILITIES
3.1. Nurses on the inpatient units and clinics, nurse clinicians, nurse practitioners, and physicians may order these tests as deemed necessary. HUCs are responsible for ensuring that the appropriate testing is ordered. Designated personnel who pack and ship these samples are responsible for ensuring that the requirements are successfully met in accordance to the instructions provided in the ELM.

4. DEFINITIONS/ACRONYMS
4.1. STCL Stem Cell Laboratory
4.2. ELM Electronic Lab Manual
4.3. HUC Health Unit Coordinator
4.4. DUHS Duke University Health System
4.5. N/A Not Applicable

5. MATERIALS
5.1. See specific tests as attached.

6. EQUIPMENT
6.1. N/A

7. SAFETY
7.1. Wear all appropriate personal protective equipment when handling potentially hazardous blood and body fluids to include, but not limited to, gloves, lab coat, goggles, etc.

8. PROCEDURE
**Purpose:**
Remote locations within DUHS occasionally need to ship specimens directly to an external reference lab (i.e. Genzyme Genetics, LabCorp). The following procedure will ensure that the ordering, resulting, and billing of the test is done in a timely manner. Currently, the following locations are using the process:
- DUHS Clinical Microbiology Laboratory – Freda Kohan
- DUHS Stem Cell Laboratory – Barbara Waters-Pick
- Transplant Immunology – Dr. Louise Markert (Transplant Immunology)
- Raleigh Perinatal – Krista Wilson
- Greensboro Perinatal – Krista Wilson
- Duke Children’s Cardiology – Dr. Stephen Miller
- DRH Laboratory

**Procedure:**
1. The remote location will place the test order in DHIS, complete the Duke Referral Lab coversheet (see attached), and complete the external lab’s requisition.

2. The remote location will call the Clinical Labs Client Service Department to inform them that the Completed Coversheet, DHIS order, and Performing Lab Requisition are being faxed to the Duke Referral Lab’s fax.
   The FAX should include a contact name, phone number and fax number for the remote location.
   Clinical Labs Client Service Phone Number: 919-613-8400
   Referral Lab Fax Number: 919-681-7056

3. The remote location will send a copy of the completed coversheet and performing lab requisition along with the specimen to be shipped to the performing laboratory.

4. The Referral Lab will process the paperwork following SOP for receiving the order, submitting for billing, and filing the paperwork.
DUKE UNIVERSITY HEALTH SYSTEM

Duke Referral Laboratory Services
4425 Ben Franklin Blvd.
Durham, NC 27704

FAX RESULTS TO:
DUKE REFERRAL LAB 919-681-7056

MAIL HARD COPY RESULT TO:
DUKE REFERRAL LABORATORY SERVICES
4425 BEN FRANKLIN BLVD.
DURHAM, NC 27704

SEND INVOICE TO:
DUKE UNIVERSITY HEALTH SYSTEM or FAX 919-681-7479
ACCOUNTS PAYABLE
325 BLACKWELL STREET DUMC # 104131
DURHAM, NC 27708 (Client Billing – Do not process as 3rd Party Billing)

PATIENT NAME: __________________________________________

MEDICAL RECORD #: _________________________________
(please include MRN on report)

D.O.B. ______________ AGE: _____ GENDER: __ MALE __ FEMALE

PHYSICIAN: __________________________________________
(please include physician name on report)

TEST REQUESTED: __________________________________

CLINICAL INFORMATION: ______________________________

COLLECTION DATE: ________________ COLLECTION TIME: _______

SPECIMEN TYPE / SOURCE: ______________________________

PERFORMING LABORATORY: _____________________________

PERFORMING LAB TELEPHONE #: __________________________

DATE SENT: __________________________________________

SHIPPING REQUIREMENTS (circle one): FROZEN REFRIG AMBIENT
9. RELATED FORMS
   9.1. See form provided by Duke Client Services Referral Laboratory.

10. REFERENCES

11. REVISION HISTORY

<table>
<thead>
<tr>
<th>Revision No.</th>
<th>Author</th>
<th>Description of Change(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Barbara Waters-Pick</td>
<td>• Changed section 8.1 to read “Duke University Health System Clinical Laboratories Reference Lab Procedure # 332 “Direct Specimen Shipping by DUHS Remote Locations (LTR36861)” attached”.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To-date, Clinical Laboratories has not updated this procedure since the last review period.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Updated format.</td>
</tr>
</tbody>
</table>
# Signature Manifest

**Document Number:** STCL-SOP-034  
**Title:** Instructions for Tests in External Reference Labs

> All dates and times are in Eastern Time.

## STCL-SOP-034 Instructions for Tests in External Reference Labs

### Author

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara Waters-Pick</td>
<td>(WATE02)</td>
<td>13 Jan 2015, 08:24:12 AM</td>
<td>Approved</td>
</tr>
</tbody>
</table>

### Manager

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara Waters-Pick</td>
<td>(WATE02)</td>
<td>13 Jan 2015, 08:24:26 AM</td>
<td>Approved</td>
</tr>
</tbody>
</table>

### Medical Director

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joanne Kurtzberg</td>
<td>(KURTZ001)</td>
<td>16 Jan 2015, 02:53:25 PM</td>
<td>Approved</td>
</tr>
</tbody>
</table>

### Quality

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Carpenter</td>
<td>(JPC27)</td>
<td>20 Jan 2015, 01:55:23 PM</td>
<td>Approved</td>
</tr>
</tbody>
</table>

### Document Release

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandy Mulligan</td>
<td>(MULLI026)</td>
<td>28 Jan 2015, 01:09:45 PM</td>
<td>Approved</td>
</tr>
</tbody>
</table>