



Dear Pharmacist,

Enclosed are the application form and information package required for you to begin ordering laboratory tests. Please note that before you can register as a Provider/Client with us you must first obtain a PraCID by applying through Alberta Health and Wellness; application available on the Alberta College of Pharmacists (ACP) website. Additionally, it is essential that **you or a delegate is available 24 hours a day** in case we need to contact you regarding critical lab values. This contact information must be provided to us on the enclosed application form. Please refer to the ACP document "*Guidelines for Pharmacists ordering Laboratory Tests and Using Laboratory Data*" for further information.

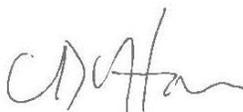
The terms of reference for pharmacist test ordering, as set out by the Alberta College of Pharmacists, state that before you order a test you must first ensure the result is not available through existing sources. If you have not already done so, we encourage you to register with Netcare to facilitate result look-up of previous results. (For instructions on how to register, see <http://www.albertanetcare.ca/16.htm>.) You will receive hard copies of your test results by mail unless you have registered with a provider for paperless delivery of test results or you make arrangements with our Laboratory for an alternate delivery mechanism.

We encourage you to ensure that the tests you order are within your personal competency profile as outlined by the Alberta College of Pharmacists. Alberta Health Services may conduct periodic audits of laboratory utilization by pharmacists to ensure compliance with the guidelines of the Alberta College of Pharmacists.

We are pleased to facilitate this new practice for Alberta Pharmacists and hope that it results in improved quality of care for patients.



Raymond Lai, MD, FRCPC
Medical Director
DynaLIFE_{Dx}



Carolyn O'Hara, MD, FRCPC
Medical/Scientific Director, Laboratory Services –
Edmonton Zone, Alberta Health Services

AHS Pharmacist, Edmonton Zone: Information for Ordering Lab Tests

(Effective Date: April 1, 2012)

Purpose This document contains information for AHS pharmacists ordering laboratory tests on both inpatients and outpatients from an AHS facility within the Edmonton Zone.

Prior to Ordering You **must** obtain a practitioner ID from Alberta Health and Wellness before beginning this process.

Note: Across Alberta, laboratories use multiple Laboratory Information Systems. In order for the laboratory to provide reports, ordering Practitioners must be set up in each system where their patients may attend a laboratory for service. If your patient will be presenting in a different Zone or former Health entity, please contact the specific service / support desk in that Zone / Health entity to request practitioner set up.

| Step | Detail |
|--|--|
| 1. Complete a <i>LIS Practitioner Set Up Form (Attachment A)</i> prior to ordering lab tests under your own name. Inpatient ordering will continue to be under the MRP name. | <ul style="list-style-type: none"> Please ensure that the form is complete. Please submit the form to the AHS Edmonton Zone Data Editors via fax at 780-342-8228. |
| 2. An LIS practitioner code and location code will be assigned | <ul style="list-style-type: none"> Notification of completed set-up along with codes will be given via the telephone number submitted on the form. |
| 3. Obtain test requisitions. | <ul style="list-style-type: none"> Requisitions for inpatients are available on the inpatient unit. Requisitions for outpatients can be obtained from Datagroup by submitting the attached form (Attachment B). The form numbers are: STAT requisition: CH-0021 Routine requisition: CH-0022 |

Ordering Laboratory Testing

| Step | Detail | |
|--|---|---|
| 4. Order tests by completing a <i>Routine Requisition</i> or <i>STAT Requisition</i> . | If... | Then... |
| | Inpatient | <ul style="list-style-type: none"> Requisitions are completed as per the protocol on the unit. (Eg. the unit clerk may be responsible for completing all requisitions.) |
| | Outpatient | <ul style="list-style-type: none"> Please ensure that all required information is completed as indicated in Attachment C, and that all required tests are clearly marked. |
| | <ul style="list-style-type: none"> Relevant clinical information should be included in the box indicated. | |
| 5. Complete the "Copy to" area if results are required at another location. | <ul style="list-style-type: none"> The "Copy to" area must clearly indicate the physician name and address in order to ensure delivery of results Please see Attachment D for further information. | |
| 6. Information on available testing can be accessed via the internet. | <ul style="list-style-type: none"> A test directory is available on the AHS Guide to Laboratory Services website. Please see Attachment E for instructions. Tests must be ordered individually, test panels are not available. | |

| Step | Detail | |
|---|--------------|---|
| 7. Provide appropriate collection instructions. | If... | Then... |
| | Inpatient | <ul style="list-style-type: none"> • Staff will be familiar with most collections. |
| | Outpatient | <ul style="list-style-type: none"> • Patient instructions are available on the AHS Guide to Laboratory Services website. Please see Attachment E for instructions. |
| 8. The sample is collected. | If... | Then... |
| | Inpatient | <ul style="list-style-type: none"> • The sample is collected by hospital staff. |
| | Outpatient | <ul style="list-style-type: none"> • Outpatients may take the requisition to a hospital Outpatient Laboratory or a DynaLIFE_{dx} Patient Care Centre for collection. |

Test Results

| Step | Detail | |
|---|--|--|
| 9. Test results will be available via Netcare. | Results can be expected in the following amount of time post collection: | |
| | <ul style="list-style-type: none"> • STAT: 1 hour • Priority: 4 hours • Routine: 24 hours | |
| | If... | Then... |
| | Inpatient | <ul style="list-style-type: none"> • Results will be available electronically as per the current process on the ordering unit. |
| | Outpatient | <ul style="list-style-type: none"> • Outpatient results will be sent electronically to all qualifying applications that receive Sunquest laboratory results (e.g. eClinician, Alberta Netcare, etc.) |
| 10. Critical results are phoned to the ordering location by the laboratory. | If... | Then... |
| | Inpatient | <ul style="list-style-type: none"> • Critical results are phoned to the inpatient unit. |
| | Outpatient | <ul style="list-style-type: none"> • During regular hours critical results are phoned to the outpatient ordering location. • After hours the critical result is phoned to the after hours contact which has been provided by the ordering pharmacist. • Contact information for the ordering pharmacist and an alternate contact must be provided and kept up to date. This can be an on call pharmacist contact for the outpatient clinic or the individual pharmacist. |
| 11. Assistance ordering tests and obtaining and interpreting test results is available. | <ul style="list-style-type: none"> • Client Response can provide test results (780-407-7484). • Medical staff can provide assistance ordering and interpreting. • Please see Attachment E for further contact information. | |

Attachments

- A. LIS Practitioner Set Up Form
- B. Forms Requisition Form
- C. Completed Routine Requisition
- D. Laboratory Bulletin (“Copy to”)
- E. Contact Information

Attachment A



Regional Laboratory Services

LIS Practitioner Set Up Form
Effective Date: December 6, 2010

Information Systems
RISISF00002
Version: 1.3

This document is applicable at site(s):
All Sites

Laboratory Information Systems Practitioner Set Up Form

Complete this form to request the creation of a new practitioner code or modify an existing location code.

Complete the following with practitioner information.

| Last name | First name | Initial |
|-------------------------|------------|---------|
| | | |
| Practitioner ID number: | | |

New practitioner code is required. Complete the following.

| | | |
|-------------------------------------|------------------------------------|---|
| Pharmacist <input type="checkbox"/> | Physician <input type="checkbox"/> | Nurse Practitioner <input type="checkbox"/> |
| Primary site name: | | |
| Primary address: | | |
| Primary phone number: | Primary fax number: | |
| Other site name: | | |
| Other address: | | |
| After hours phone number: | | |

Modification of practitioner address is required. Complete the following.

| | | |
|---------------------|-----------------|-------------|
| Original site name: | | |
| Original address: | | |
| New site name: | | |
| New address: | | |
| New phone number: | New fax number: | |
| Date: | Initiator name: | |
| | Phone number: | Fax number: |

Fax completed form to the **AHS Edmonton Zone Data Editors**:

Fax number: (780) 342-8228

Telephone number: (780) 342-8285
13R05 EGH, 11111 Jasper Ave, Edmonton AB, T5K 0L4.

For Lab Information Systems Use

- LIS Practitioner Code Assigned:
- Location Code Assigned:
- Maintenance Completed: Date: _____ Initial: _____
- Notification given: Date: _____ Initial: _____
- Notification given via: _____

Attachment C

**Ordering Physician/
Practitioner**

Indicate **Pharmacist** Full Name

Physician Code

Code that identifies **Pharmacist** with his/her address.

Providing more than one "Physician Code" will generate additional copies each sent to the associated addresses.

Alberta Health Categories

- IP Inpatient in hospital
- OP Outpatient seen in ER/OP department of hospital
- AP Ambulatory Patient (walk-in)
- HC Housecall or Homecare Collection
- ST Staff
- EN Environment

| | | | | | | | | | | | | |
|-------------------------------------|---------------------------|--|--|---------------------------------------|----------------|---|-----------|--|-----------|---|--|--|
| PHN 12345-6789 | | Accession # | | Routine Requisition | | | | LABORATORY MEDICINE AND PATHOLOGY Client Response Centre (780) 407-7484 CAPITAL HEALTH REGION LABORATORIES DYNACARE KASPER MEDICAL LABORATORIES | | | | |
| <input type="checkbox"/> M | Patient Legal Name (Last) | | | (First) | (initial) | D O B | DD | MM | YY | <input type="checkbox"/> Copy to Name | | |
| <input type="checkbox"/> F | Smith | | | John | A | | 12 | 08 | 61 | Physician Lab code # | | |
| Address | | City | | Prov. | Postal Code | | | Location | | | | |
| 123 Hospital | | Edmonton | | AB | T5Y 6Y7 | | | | | | | |
| Chart # | | Patient Phone # | | Lab # | | Physician Code | | | | | | |
| | | 780-444-1234 | | | | E1234 | | | | | | |
| Ordering Physician / Practitioner | | | | Physician Code | | Specimen Event type | | Bill Type | | CPL <input type="checkbox"/> Alberta Health Care OR <input type="checkbox"/> PRIORITY (specify tests) | | |
| Pharmacist Full Name | | | | E1234 | | IP <input type="checkbox"/> IN P <input type="checkbox"/> OP <input type="checkbox"/> OUT PT <input type="checkbox"/> AP <input type="checkbox"/> AMBUL <input type="checkbox"/> HC <input type="checkbox"/> HMCARE <input type="checkbox"/> ST <input type="checkbox"/> STAFF <input type="checkbox"/> EN <input type="checkbox"/> ENVIRON <input type="checkbox"/> | | CO <input type="checkbox"/> Company OT <input type="checkbox"/> Out of Prov XX <input type="checkbox"/> Pre-paid PB <input type="checkbox"/> Patient Bill | | Co. name Address Client # | | |
| Ordering Address / Location | | | | Report Location Code | | HISTORY: | | | | | | |
| Report address if different | | | | | | | | | | | | |
| Date specimen collected DD MM YY | Col. Location | SPECIMEN TYPE | | Urine/Feces | | Random | | 24 h | | | | |
| 30 07 10 | MIS | Blood <input type="checkbox"/> serum <input type="checkbox"/> plasma <input type="checkbox"/> <input type="checkbox"/> whole blood <input type="checkbox"/> Microcollection | | <input type="checkbox"/> Timed, other | | Total volume | | Start time/date | | Stop time/date | | |
| TIME (24 h) | | DIAGNOSIS: | | Other | | | | | | | | |
| 1030 | | | | | | | | | | | | |
| Fasting # of hours | | | | | | | | | | | | |

Physician Information
Indicate physician name and physician code (or location to which the report should be sent and phone

Report/Loc.
Location to which report is routed.

Ordering Address/ Location
Location where Pharmacist saw patient, and from which the work was ordered.

Col. Location
Indicates where specimen was collected.

Therapeutic Drug Monitoring

Indicate drug and dosage regime

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| HEMATOLOGY CBC <input type="checkbox"/> CBC (Hgb, Hct, RBC Indices, Platelet, & WBC) CBCD <input type="checkbox"/> CBC & Differential HB <input type="checkbox"/> hemoglobin HCT <input type="checkbox"/> hematocrit PLT <input type="checkbox"/> platelet count WBC <input type="checkbox"/> WBC RETIC <input type="checkbox"/> reticulocyte count MAL <input type="checkbox"/> malaria film PC <input type="checkbox"/> blood film to pathologist HISTORY PT <input type="checkbox"/> PT (INR) <input type="checkbox"/> on Heparin PTT <input type="checkbox"/> PTT <input type="checkbox"/> on Coumadin FIB <input type="checkbox"/> fibrinogen <input type="checkbox"/> mech. heart DDIM <input type="checkbox"/> D-dimer THAL <input type="checkbox"/> Hemoglobinopathy Invest. SHBS <input type="checkbox"/> Hgb S screen FER <input type="checkbox"/> ferritin B12 <input type="checkbox"/> vitamin B12 RFOL <input type="checkbox"/> red cell folate HCT 0. | | GENERAL CHEMISTRY HBA1C <input type="checkbox"/> hemoglobin A _{1c} GTT2 <input type="checkbox"/> 2 h GTT (fasting, 10h)† GMGLU <input type="checkbox"/> glucose, meter GLUF <input type="checkbox"/> glucose, fasting (8h)† GLUP <input type="checkbox"/> glucose, 2 h PC† GLUR <input type="checkbox"/> glucose, random NA <input type="checkbox"/> sodium K <input type="checkbox"/> potassium CL <input type="checkbox"/> chloride CO2 <input type="checkbox"/> CO2 CRE <input checked="" type="checkbox"/> creatinine UA <input type="checkbox"/> urate (uric acid) CA <input type="checkbox"/> calcium LD <input type="checkbox"/> LD PO4 <input type="checkbox"/> phosphate TP <input type="checkbox"/> total protein ALB <input type="checkbox"/> albumin ALP <input type="checkbox"/> alk phos ALT <input type="checkbox"/> ALT TBIL <input type="checkbox"/> bilirubin, total CBIL <input type="checkbox"/> bilirubin, conjugated NBIL <input type="checkbox"/> bilirubin, neonatal LPS <input type="checkbox"/> lipase GGT <input type="checkbox"/> GGT 5NT <input type="checkbox"/> 5' NT CK <input type="checkbox"/> CK CKMA <input type="checkbox"/> CK-MB C3 <input type="checkbox"/> complement C3 C4 <input type="checkbox"/> complement C4 IGQ <input type="checkbox"/> IgA, IgG, IgM (Quant.) IGE <input type="checkbox"/> IgE SPE <input type="checkbox"/> serum protein electrophoresis Diagnosis | | HEPATITIS HAVM <input type="checkbox"/> Hep A Virus Ab IgM HSAg <input type="checkbox"/> Hep B Surface Ag HCABM <input type="checkbox"/> Hep B Core Ab IgM HSAB <input type="checkbox"/> Hep B Surface Ab HCVAB <input type="checkbox"/> Hep C Virus Ab (give clinical details) IMMUNOLOGY / SEROLOGY CHL <input type="checkbox"/> Chlamydia EIA Site ANA <input type="checkbox"/> antinuclear Ab RA <input type="checkbox"/> RA factor ASOT <input type="checkbox"/> ASO titre RPR <input type="checkbox"/> RPR RUBG <input type="checkbox"/> rubella IgG TOXOS <input type="checkbox"/> toxoplasma (IgG & IgM) MONOS <input type="checkbox"/> mono test EBM <input type="checkbox"/> EB virus (IgM) TPO <input type="checkbox"/> thyroid antibodies ENDOCRINE CORA <input type="checkbox"/> cortisol AM (0800-1000 h)† CORP <input type="checkbox"/> cortisol PM (1500-1700 h)† DHEAS <input type="checkbox"/> DHEAS E2 <input type="checkbox"/> estradiol FSH <input type="checkbox"/> FSH LH <input type="checkbox"/> LH PROG <input type="checkbox"/> progesterone PRL <input type="checkbox"/> prolactin PTH <input type="checkbox"/> PTH* Calcium HCG <input type="checkbox"/> quant HCG TSHO <input type="checkbox"/> TSH (No progressive testing) TSH <input type="checkbox"/> TSH (progressive testing) TESTA <input type="checkbox"/> testosterone AM TESTP <input type="checkbox"/> testosterone PM THERAPEUTIC DRUG MONITORING Complete for ALL drugs being monitored Drug to be monitored Dose regimen/route Time last dose STARTED COMPLETED Time of next dose How long on this dose regimen | | OTHER TESTS NOT LISTED: Clinical Information: TOXICOLOGY Reason for request Current meds. Drugs given in Emerg. OR To mother during delivery (newborn) QUANTITATIVE (Blood only) ACET <input type="checkbox"/> acetaminophen SAL <input type="checkbox"/> salicylate ETOH <input type="checkbox"/> ethanol SCREENING TESTS urine UAMP <input type="checkbox"/> amphetamine group UBARB <input type="checkbox"/> barbiturates UBENZ <input type="checkbox"/> benzodiazepines UCAN <input type="checkbox"/> cannabis metabolites UCOC <input type="checkbox"/> cocaine metabolite UMETD <input type="checkbox"/> methadone UOP <input type="checkbox"/> opiates UTCA <input type="checkbox"/> tricyclic antidepressants serum BARB <input type="checkbox"/> barbiturates BENZ <input type="checkbox"/> benzodiazepines TCA <input type="checkbox"/> tricyclic antidepressants CARB <input type="checkbox"/> carbamazepine CYCLO <input type="checkbox"/> cyclosporine DIG <input type="checkbox"/> digoxin LI <input type="checkbox"/> lithium PTN <input type="checkbox"/> phenytoin TAC <input type="checkbox"/> tacrolimus THEO <input type="checkbox"/> theophylline VA <input type="checkbox"/> valproate | |
| URINE RANDOM UMA <input type="checkbox"/> urinalysis UTPCR <input type="checkbox"/> protein: creatinine PREG <input type="checkbox"/> pregnancy test UALBR <input type="checkbox"/> microalbumin: creatinine UOSM <input type="checkbox"/> osmolality URINE, 24 h / Timed Special Collection Instructions <input type="checkbox"/> UNa <input type="checkbox"/> UK <input type="checkbox"/> UCI UTP <input type="checkbox"/> protein UCRC <input type="checkbox"/> creatinine CRCL <input type="checkbox"/> creatinine clearance Pt ht ___ cm, wt ___ kg UMET <input type="checkbox"/> metanephrines† UCOR <input type="checkbox"/> cortisol UALB <input type="checkbox"/> microalbumin | | LDL <input type="checkbox"/> LDL cholesterol (12h fasting)# HDL <input type="checkbox"/> HDL cholesterol (12h fasting)# TRIG <input type="checkbox"/> triglycerides (12h fasting)# CHOL <input type="checkbox"/> cholesterol PRENATAL PREN <input type="checkbox"/> Can. Blood Serv. Perinatal Screen includes ABO, Rh, HepBsAg, HIV HB <input type="checkbox"/> hemoglobin UMA <input type="checkbox"/> urinalysis RPR <input type="checkbox"/> RPR RUBG <input type="checkbox"/> Rubella GDS <input type="checkbox"/> GDS (Gestational Diabetic Screen) GTT3 <input type="checkbox"/> 3 h GTT (pregnancy) fasting - 10 h REFERRED OUT TESTS Additional requisitions MUST accompany request HIVAB <input type="checkbox"/> HIV (Prov Lab) XPSA <input type="checkbox"/> PSA (Cross Cancer Institute) MOM <input type="checkbox"/> Maternal HCG/AFP (UAH) | | Vancomycin 1500 mg IV q24h 1100 29Jul10 1200 29Jul10 1100 30Jul10 3 Days | | | |
| FLUIDS Fluid type SFGLU <input type="checkbox"/> CSF glucose SFTP <input type="checkbox"/> CSF protein SFCT <input type="checkbox"/> CSF cell count FLGLU <input type="checkbox"/> glucose FLTP <input type="checkbox"/> protein FLCT <input type="checkbox"/> cell count FLCRY <input type="checkbox"/> crystals MISCELLANEOUS OB <input type="checkbox"/> occult blood PSEA <input type="checkbox"/> post vasectomy HIV <input type="checkbox"/> HIV (third party) PSA <input type="checkbox"/> PSA (third party) ECG <input type="checkbox"/> electrocardiogram to be read by | | | | | | | |

Attachment D

LABORATORY BULLETIN



ALL SITES

SEPTEMBER 2009, Vol. 14 No. 8

REQUESTS FOR COPIES OF LABORATORY REPORTS REVISED VERSION

Background Laboratory requisitions permit ordering physicians to have copies of a laboratory report sent to another physician or healthcare provider. Laboratory staff periodically receive requests that do not contain enough information to positively identify the name and location of the health provider who should be sent a copy of the report.

Legislation The Health Information Act (HIA) legislation allows for the sharing of individual health information, where appropriate, to provide health services and to manage the health system, provided that the privacy and confidentiality of an individual's health information is protected.

Required information To comply with the requirements of the HIA, and to ensure that laboratory reports are sent to the appropriate health care provider, the following information **must** be legibly written, by the ordering physician, in the "copy to" section of the laboratory requisition.

- the full name (first and last name) of the health provider, and
- address, building location, or clinic name.

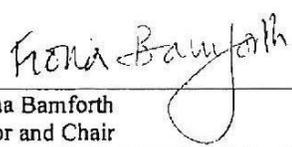
Policy The laboratory **does not** provide copies of laboratory reports to other health providers **unless** the required information is provided in the "copy to" section of the original requisition. The laboratory report will include the following comment:

"In compliance with the Health Information Act, physician "copy to" report NOT SENT because of insufficient information on the laboratory requisition."

Physician responsibility If a physician wants to provide the report to other health care providers, it is his/her responsibility to do so in accordance with the Health Information Act. The laboratory will not be responsible for adding "copy to" requests once the final report has been issued.

Physicians are reminded that laboratory results are available dynamically on NetCare.

Questions If you have any questions about this laboratory policy, which is designed to comply with HIA, please contact Dr. F. Bamforth at (780)407-8851 or Dr. T. Higa at (780)451-3702.


Dr. Fiona Bamforth
Professor and Chair
Department of Laboratory Medicine & Pathology
University of Alberta
Regional Program Clinical Director
Regional Laboratory Services-Alberta Health Services


Thomas E. Higa, MD, FRCPC
Medical Director – Interim
DynaLIFE_{DX}
Diagnostic Laboratory Services

E. Contact Information:

AHS Collection Information:

| | |
|------------------------------|---|
| Edmonton Zone Test Directory | http://www.albertahealthservices.ca/3217.asp |
| | Click on AHS Edmonton Zone Test Directory |

DynaLIFEdx Collection Information:

| | |
|------------------------|---|
| Booking an Appointment | www.dynalifedx.com |
| Patient Instructions: | http://www.dynalifedx.com/web/Patients/PatientInstructions/tabid/133/Default.aspx |
| Test Directory | http://www.dynalifedx.com/web/HealthProfessionals/TestInformation/TestDirectory/tabid/193/Default.aspx |

Medical Staff Contacts:

Assistance with test selection and interpretation of results

| | | |
|-----------------------|--|---------------|
| Dr. George Cembrowski | Divisional Director of Chemistry | (780)407-8817 |
| Dr. Susan Nahirniak | Divisional Director of Hematology and Transfusion Medicine | (780)407-3426 |
| Dr. Greg Tyrrell | Divisional Director of Microbiology | (780)407-8949 |
| Dr. Atilano Lacson | Divisional Director of Anatomical Pathology | (780)407-2716 |

After Hours Medical Staff Contacts:

| | | |
|-----------------|-----------------------------|--------------|
| Client Response | On call contact information | 780-407-7484 |
|-----------------|-----------------------------|--------------|

Test Results

| | | |
|----------------------------|---|--------------|
| AHS Client Response Centre | Access to test results. | 780-407-7484 |
| AHS Information Help Desk | Assistance with Alberta Netcare access and POSP systems | 780-735-HELP |

Laboratory Information System Practitioner Setup and Requested Changes:

Requests for original setup to allow for ordering of tests.

Requests for notification of changes to contact information.

| | | |
|-------------------|-------|--------------|
| AHS Data Enterers | Phone | 780-342-8285 |
| | Fax | 780-342-8228 |