(A) Policy Statement

A sampling of test results must be assessed every two years as well as during the implementation of a new report format, a new test or new reporting mechanism, or a system change.

(B) Purpose of Policy

The laboratory director reviews and approves, at least every two years, the content and format of the laboratory patient reports to ensure that they effectively communicate the patient test results and meet the needs to the hospital and medical staff.

(C) Procedure

1. Reports from each interface and its corresponding report from Epic Beaker are printed.
2. Reports from HCLL and ARUP are also printed.
3. These reports are reviewed by the medical director and signed off as acceptable or unacceptable. Anything unacceptable is corrected.
4. A reports review will also occur at the time of implementation of a new report format, a new test or new reporting mechanism, or at the time of a major system change.

Approved by:

/s/ Amira Gohara, M.D. 
Professor 
Director, Clinical Pathology 
01/09/2023 
Date

/s/ Christine Stesney-Ridenour 
Chief Operating Officer-UTMC 
01/10/2023 
Date

Review/Revision Completed by: Heather Byrd – Administrative Director - Lab

Next Review Date: 1/4/2025