



NATIONAL LABORATORY HANDBOOK

Scope of the Public Hospital Medical Testing Laboratory Network

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The purpose of this document is to establish that:

- Laboratories are not obliged to perform all tests requested
- That the role of the pathologist* is central, both at policy and individual patient level
- Policy decisions should be documented
- Where a test on an individual patient is not performed, the test request should be recorded and the reason for not performing the test reported to the clinician

The scope of the public hospital medical testing laboratory network is to provide evidence-based, quality-assured, laboratory tests to support evidence-based medicine. The pathologist plays a key role in diagnostic stewardship, which includes determining what tests should be done in what clinical scenarios and how they should be interpreted. This includes considering the effectiveness of the test, in relation to guidelines, peer reviewed publications, and may consider clinical information provided when determining the appropriateness of the requested test. Pathologists also play a key role in the interpretation of the result, together with advice on serial testing and the requirement, if any, for additional testing,

The decision whether to provide a particular assay/service will, in normal circumstances, ultimately be taken by a consultant pathologist of that discipline. Laboratory based consultants should work proactively with laboratory users to determine the scope of tests provided and how they should be interpreted. Laboratory users' feedback about the laboratories' repertoire of tests, should be considered in prioritising laboratory developments. However, when a pathologist takes the decision that an assay/service will not be provided, it is considered best practice that this policy should be discussed at a laboratory management or a quality meeting, with the decision reached being documented in the meeting minutes, and the rationale behind the decision also recorded.

In individual patient cases, the Consultant Pathologist may advise in relation to clinically appropriate investigation, and in this regard laboratory users are encouraged to contact the laboratory for advice and discussion when requesting a less frequently used test. Discussion facilitates communication of the clinical context, as well as considering diagnostic options and specific specimen requirements, and it may also assist with appropriate interpretive reporting. Accurate documentation of the date and time of phlebotomy is essential for interpretation of many labile analytes, and must be accurately recorded. Laboratories should record all tests requested for a particular patient, but, if choosing not to perform a particular test, should issue a report to the requesting clinician indicating that the test is not provided in general, not provided to that source of referral, or not clinically indicated

in that clinical setting. In the event of disagreement, which cannot be resolved by the Healthcare Professionals involved the Clinical Directors of Laboratory Medicine/Diagnostics should be notified with the objective of facilitating a consensus.

Tests not performed in-house should be outsourced to accredited, medical testing laboratories where possible. On occasion, it may be appropriate to assist with the provision of an esoteric test, not yet available from an accredited medical testing laboratory, and this may be agreed with the patient's clinician, in consultation with the consultant head of the laboratory, or his/her designee.

Pathologists and laboratory scientists may facilitate informed discussion of diagnosis and the laboratory contribution to patient management through clinical liaison at both the individual patient and local protocol level, however, ultimately test requesters are responsible for reviewing test results, and for arranging further investigation and follow-up where appropriate.

*In the interests of simplicity, the term pathologist is used in this document, to include medically trained pathologists, consultant clinical biochemists and consultant physicians with particular laboratory expertise and a designated laboratory role.