UNC LILONGWE PRESENTATION

MISSED TEST

DESCRIPTION OF THE PROBLEM

• Missing a test can happen either in the lab or at the clinic. How?

• Sometimes the clinic can miss to order a test at a particular visit and thus forgetting to mark or tick on the Lab request form.
UNC LILONGWE PRESENTATION

MISSED TEST
DESCRIPTION OF THE PROBLEM

• Likewise the Lab can miss to order a test into the LIS and the test can be missed when entering participant information into the LIS.

• For an institution which is involved in many research studies for MTN, HPTN, ACTG, IMPAACT and many more, the Lab reception person needs to be proactive in receiving specimens.
• With lots of Lab request forms and specimens coming into the Lab, the Lab person may find it difficult to check what has been ordered is the right order for the right visit for a particular study.

• If the test is not ticked on the Lab request form it is not easy for a Lab person receiving specimens at the Laboratory reception to know the test has been missed.
UNC LILONGWE PRESENTATION

- As for the clinic, clinic staff can easily miss a test if not following the SSP manual or for whatever reason they may have.

RESOLUTIONS

- To help Lab reception and clinic staff minimize errors a dummy Lab request form has been prepared so that they compare what they are supposed to order or what they are supposed to receive at every visit.
• The dummy Lab request forms have been placed at the Lab reception area and in all clinic rooms where these activities take place.

• Lab Reception and clinic staff then compares what has been ordered on the clinic requisition against the dummy requisition for that particular visit.
If the test is missed, the clinic is notified and the test is ordered or added right away.

- In the Lab, if a test is missed (can happen when entering client information in the LIS), the lab has a Data QC person who counterchecks what has been entered.
- Even though the technician may print pending list, they cannot show a test if it was not ordered in the LIS.
• Then the QC person report to supervisor.
• The supervisor checks if the sample is available and the test is added or ordered.
• If the sample is not available, the clinic is informed right away. The clinic takes necessary measures.
• A few Lab Request forms for screening and enrollment visit just as an example in the next slides:-
LABORATORY REQUEST FORM

STUDY: SCREENING VST - PELVIC SAMPLES

N° 208579

VISIT CODE: ____________________________
GENDER: □ MALE □ FEMALE
REQUESTING CLINICIAN: ____________________________

SPECIMEN COLLECTED BY: ID: ____________________________
DATE: ____________________________ / / 

SPECIMEN TRANSPORTED BY: ID: ____________________________
DATE: ____________________________ / / 

RECEIVING TECH: ID: ____________________________
DATE: ____________________________ / / 
TIME: ____________________________

Specimens Delivered: Enter count of each type of specimen container being delivered to lab

- Blood, EDTA
- Blood, Non or SST
- Blood, AGD
- Blood, Other
- Other: Gram Stain studies

- Blood
- Breast Milk
- Cytobrush
- Other: Pap Smear

HEMATOLOGY
- CBC:
- Hemoglobin
- Manual Differential

IMMUNOLOGY
- CD4+ (EPICS with %)
- CD4/CD8 FACSCOUNT with %
- CD4/CD8 FACSCOUNT with %
- Cryptococcal Antigen
- HIV (ELISA)
- HSV ELISA
- Hepatitis B Ab ELISA
- Hepatitis B Ag ELISA
- Hepatitis B Rapid Test
- Hepatitis C

MOLECULAR
- CT/NS G6A
- HIV DNA PCR
- HIV RNA PCR (Abbott)
- HIV RNA PCR (Roche Standard)

OTHER
- COAG - APTT
- COAG - INR
- COAG - PT
- Pregnancy Test (urine)
- Pregnancy Test (serum)

COMMENTS:

CLINIC RAPID TEST RESULTS

<table>
<thead>
<tr>
<th>Test</th>
<th>Reactive</th>
<th>Non-Reactive</th>
<th>Test Date</th>
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<th>Test ID</th>
<th>Clinician Review</th>
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<tbody>
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<td>Determine HIV</td>
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LABORATORY REQUEST FORM - MICROBIOLOGY

STUDY: ___________________  PID: ___________________  REQUESTING CLINICIAN: ___________________

VISIT CODE: ___________________  GENDER: □ MALE  □ FEMALE  DOB: ___________________  AGE: ___________________

SPECIMEN COLLECTED BY:  ID: ______  DATE: ______/_____/______  TIME: ______

SPECIMEN TRANSPORTED BY:  ID: ______  DATE: ______/_____/______  TIME: ______

RECEIVING TECH:  ID: ______  DATE: ______/_____/______  TIME: ______

Specimens Delivered: Enter count of each type of specimen container being delivered to lab

- Bactec Bottle
- Blood Smear
- Blood, Whole
- Aspirate
- CSF
- InPouch
- Joint Fluid
- Sputum
- Stool
- Urine
- Pericardial fluid
- Pleural Fluid
- Other: Swab for *Trichomonas RT*

COMMENTS: ________________________________________________________________

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**MICROBIOLOGY**

□ AFB Smear ONLY
□ AFB Culture and Smear
□ Ascitic Fluid Culture
□ Bacterial Meningitis Antigen
□ Bacterial Vaginosis Microscopy
□ Blood Culture (Routine)
□ Blood Culture (Pediatric)
□ Blood Culture (AFB)
□ CSF Culture and Gram Stain
□ Cell Count & Differential (CSF, sterile fluid)
□ Culture, Body Fluids:
□ Ear Culture & Gram Stain
□ Eye Culture & Gram Stain
□ Gram Stain ONLY
□ Genital Tract Culture, Female
□ Genital Tract Culture & Gram Stain, Male
□ India Ink
□ InPouch Culture (T. vaginalis)

**Trichomonas RT**

□ Malaria Parasites (ASAP)
□ Malaria Parasites, GSK
□ Malaria Parasites, P1079
□ Joint Fluid Culture & Gram Stain
□ Respiratory Culture, Lower & Gram Stain (sputum)
□ Respiratory Culture, Upper (nose/mouth)
□ Throat (strep screen)
□ Wound Culture (surface swab) site: ______
□ Culture wound/spiration/tissue/deep biopsy: site: ______
□ Blood Culture (fetal screen)
□ Blood Microscopy
□ Urine Culture
□ Urine Microscopy
□ Urine Analysis (microscopy+dipstick)
□ Wet Mount (If clinically indicated)
□ Xpert MTB/RIF
LABORATORY REQUEST FORM

STUDY: __________________________

VISIT CODE: _______________________

GENDER: □ MALE  □ FEMALE

SPECIMEN COLLECTED BY:    ID _______________________

SPECIMEN TRANSPORTED BY:    ID _______________________

RECEIVING TECH:   ID _______________________

DOI: ___________ / ___________ / ________ TIME: ___________

AGE: ___________________

REQUESTING CLINICIAN: ___________________________

Specimens Delivered: Enter count of each type of specimen container being delivered to lab

Blood, EDTA

Blood, non or SST

Blood, ACD

Blood, Other

Other:

CHEMISTRY

ALT: Alanine Aminotransferase (ALT)

Albumin

Alkaline Phosphatase

Amylase

Aspartate Transaminase (AST)

Bilirubin (Direct)

Bilirubin (Total)

Blood Urea Nitrogen (BUN)

Calcium

Carbon Dioxide

Chloride

Cholesterol (Total)

Creatinine

Creatinine Kinase

Glucose

Glucose (CSF)

Glutamyl Transferase

HDL Cholesterol

Lactate

Lactate Dehydrogenase

Lipase

LDL Cholesterol

Phosphorus

Potassium

Protein (CSF)

Sodium

Total Protein

Triglycerides

Other:

HEMATOLOGY

Hgb

Hb

Manual Differential

IMMUNOLOGY

CD4 CD8 FACSTD FACSCOUNT w/o %

CD4/CD8 FACSCOUNT w/o %

Cryptococcus Antigen

HIV (ELISA)

HIV (Rapid Test)

HIV (Western Blot)

HIV ELISA

Hepatitis A ELISA

Hepatitis B ELISA

Hepatitis C

Hepatitis RPR

Hepatitis TPHA

Toxoplasma IgG

Other:

STORAGE

Serum Storage

Plasma Storage

Gram Stain Slide Storage

Semen Storage

Tear-Flo Storage

Genital Ulcer Swab Storage

PBMC Storage

Breast Milk Storage

CIV Storage

DBS Storage

Whole Blood Pellet Storage

Biopsy Storage

Pap Smear Storage

Urine Storage

Other Storage:

OTHER

COAG - PT

COAG - INR

COAG - APTT

Pregnancy Test (urine)

Pregnancy Test (serum)

Other:

COMMENTS:

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LABORATORY REQUEST FORM

**STUDY:**

**VISIT CODE:**

**GENDER:**
- **MALE**
- **FEMALE**

**SPECIMEN COLLECTED BY:**
- **ID**

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Specimens Delivered: Enter count of each type of specimen container being delivered to lab

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**CHEMISTRY**
- Alanine Aminotransferase (ALT)
- Albumin
- Alkaline Phosphatase
- Amylase
- Aspartate Transaminase (AST)
- Bilirubin (Direct)
- Bilirubin (Total)
- Blood Urea Nitrogen (BUN)
- Calcium
- Carbon Dioxide
- Chloride
- Cholesterol (Total)
- Creatinine
- Creatinine Kinase
- Glucose
- Glucose (CSF)
- Glutamyln Transferase
- HDL Cholesterol
- Lactate
- Lactate Dehydrogenase
- Lipase
- LDL Cholesterol
- Phosphorus
- Potassium
- Protein (CSF)
- Sodium
- Total Protein
- Triglycerides
- Other:

**HEMATOLOGY**
- CBC/ Diff
- Hemoglobin
- Manual Differential

**IMMUNOLOGY**
- CD4 PLG (EPICS with %)
- CD4/CD8/CD3 FACSCOUNT with %
- Cryptococcal Antigen
- HIV (ELISA)
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- HSV ELISA
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- HepC
- Syphilis RPR
- Syphilis Rapid
- Syphilis TPHA
- Toxoplasma IgG
- Other:

**MOLECULAR**
- CT/NG SDA
- HIV DNA PCR
- HIV RNA PCR (Abbott)
- HIV RNA PCR (Roche Standard)
- Other:

**STORAGE**
- Serum Storage
- Plasma Storage
- Gram Stain Slide Storage
- Semen Storage
- Tear-Flo Storage
- Genital Ulcer Swab Storage
- PSIMC Storage
- Breast Milk Storage
- CVL Storage
- DNB Storage
- Whole Blood Pellet Storage
- Biopsy Storage
- Pap Smear Storage
- Urine Storage
- Other Storage:

**OTHER**
- COAG – APTT
- COAG – INR
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**COMMENTS:**

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**Private Bag A-104, Lilongwe, Malawi**
**Phone:** (265) 1 751 658, (265) 1 757 830
**Fax:** (265) 1 754 237

**LABORATORY REQUEST FORM No:** 208581
Communication between the clinic and laboratory is KEY!