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RCPA
The Royal College of Pathologists of Australasia

Guideline

Subject: **The Pathology Request-Test-Report Cycle - Guidelines for Requesters and Pathology Providers**
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Overview

"Good outcomes in healthcare can only happen if two key elements are present — sound interdisciplinary processes and the right information. Therefore, it is important to foster the implementation of sound review processes that involve broad interdisciplinary participation and which focus on improved communication."[1]

1. Introduction and Scope

The Commonwealth Department of Health and Ageing and The Royal College of Pathologists of Australasia, through the Quality Use of Pathology Program, aim to achieve improvements in the health and economic outcomes of the use of pathology in health care through the pursuit of better practices amongst requesters and providers of pathology services.

The Quality Use of Pathology Committee has identified the Request-Test-Report Cycle as a key area for improvement[2].

The Request-Test-Report Cycle refers to the sequence of events that is initiated by the referral of a patient, by an authorised referrer[3] to a specialist pathologist for a laboratory medical service, either for diagnosis or management.

Key elements include the request for specialist pathology service, the informed co-operation of the patient, the assessment of the request by the pathologist, the performance of the requested service by a pathologist and/or pathology provider (**Pathology Provider**), and the reporting of the test results and/or professional opinions back to the Requester or their Nominated Delegate. At its most complex, a single Request-Test-Report Cycle for a patient may involve a number of medical and non-medical health professionals, health institutions and commercial organizations.

Defining the different stages of the Request-Test-Report Cycle and identifying the responsibilities of the Requester and Pathology Provider for ensuring the integrity and quality of the information transfer at each stage, is sometimes termed "Chain of Information Custody". Any medical practitioner who makes a request to a pathologist or other medical practitioner with the expectation that they will receive a report of some sort in return is part of this chain.

Quality care of patients is reliant upon good communication among healthcare participants and their clear understanding of their responsibility at any given stage of patient care. The quality of the pathology service provided is dependent on many things and one area in particular that is crucial in achieving quality outcomes is the Request-Test-Report Cycle. The Request-Test-Report Cycle provides many opportunities for error in the handling of information, information that can be sensitive and highly confidential. The complexity of the process is compounded by the number of health professionals who are often involved in the Cycle. Indeed, it is well recognized that this area is a much greater source of error than that deriving from the scientific processes within laboratories[4].

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[1] From Preface of Guidelines for Managing Risk in Healthcare HB:228:2001.

[2] http://www.qupp.gov.au/

[3] An authorised referrer refers to individuals allowed to order tests using the Medicare schedule. Here on, the term 'requestor' is used in this document

[4] Khoury et al *MJA* 1996; 165: 128-130

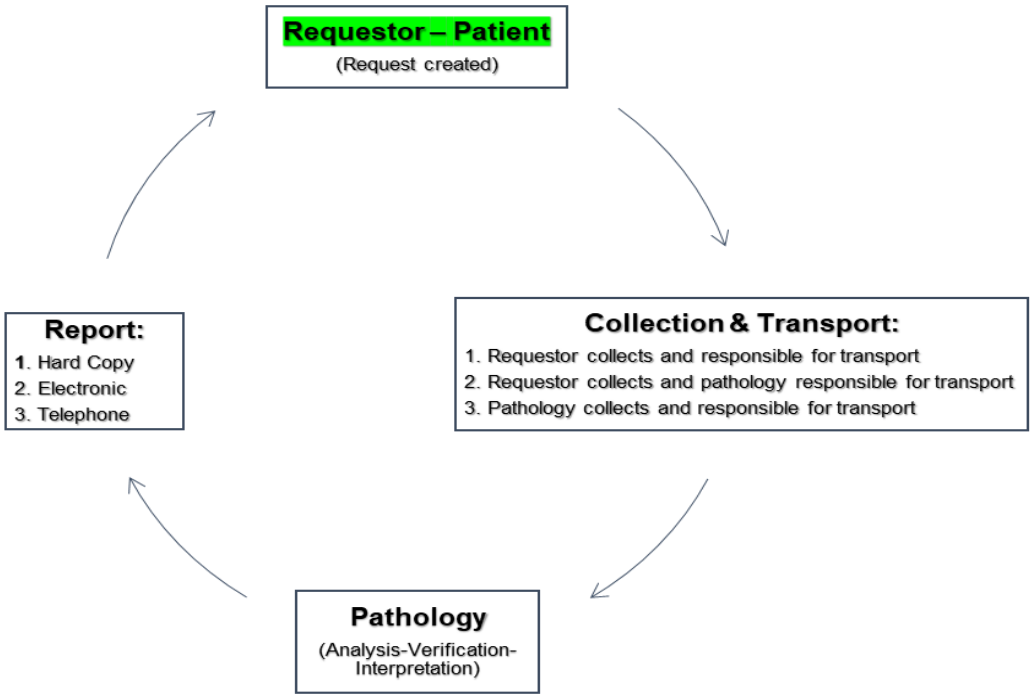
These Guidelines have been developed for use by requestors when requesting pathology tests and by Pathology Providers operating in both public and private practice. As the Guidelines are intended for requestors in both the public and private sectors, working in small or large organisations, no attempt has been made to make the Guidelines prescriptive. Requesters and Pathology Providers must consider each individual situation on its own merits and bring to bear their experience and expertise in assessing the circumstances of the relevant situation, to determine the most appropriate and effective course of action.

These Guidelines aim to:

- Identify who is responsible for ensuring that the correct procedures for information integrity and transfer, and related processes, are followed at each stage of the Request-Test-Report Cycle.
- Encourage the implementation of sound management systems that monitor the information processes comprising the Request-Test-Report Cycle to ensure that the highest standards of patient care are maintained at all times.
- Ensure patient consent is obtained and privacy is respected.
- Create a system that provides for quality and safety of healthcare and contributes to improved patient outcomes.

This Guideline discusses pathology testing described by the Request-Test-Cycle report. The College has developed another guideline: *Testing outside the normal pathology laboratory Request-Test-Report cycle* which discusses pathology testing carried out in environments where the components of request-test-report do not apply thus have implications for the delivery of highquality laboratory testing.

2. Description of the Request – Test – Report Cycle



3. Responsibilities

3.1 Summary of Responsibilities

(1) Requesters including treating practitioners and pathologists and other requesters have a responsibility to have in place adequate systems to ensure that the pathology tests and investigations which the requester considers necessary in the patient's interests are carried out. In the context of the Request-Test-Report-Cycle, this means that requesters should have in place management systems to ensure that requests are correctly initiated, acted upon, and that reports are communicated in an appropriate, clinically meaningful and timely fashion.

(2) Both requesters and their staff need to understand what they are required to do, and accordingly, medical practitioners should ensure that information about their systems for management of requests is communicated to and adhered to by their staff.

(3) Patient responsibilities are not covered in detail in this document, however two points warrant mention. Firstly, it is important that patients present for testing as agreed with their referring practitioner. Secondly, patients who decide to attend another pathology provider after being given a request form must advise their referring practitioner as soon as possible.

3.2 Requesters

(1) The Requester's responsibility commences with the decision to request a pathology test/investigation and is maintained until the Requester has received and taken the appropriate clinical action in response to the report generated by the request. The Requester's responsibility does not cease with the transfer of the request to the Pathology Provider. In accordance with this responsibility, the Requester (or their employing organisation) must have systems in place to ensure that:

(a) the informed cooperation and consent of the patient is obtained by informing the patient about the tests required and what the tests broadly involve, their foreseeable risks and benefits, and the implications of declining treatment. The information should be tailored to the patient's needs[5];

(b) where requesting tests or investigations for notifiable diseases, Requesters should ensure that the patient is aware of the Requester's reporting obligations[6];

(c) requests are properly initiated by fully and accurately completing a hard copy or electronic request form with the relevant patient, clinical and test information;

(d) requested tests and investigations are identified using generally accepted names or acronyms;

(e) overdue reports are identified and followed up with minimum delay;

(f) pathology reports are acted on appropriately and in a timely manner;

[5] Although the informed cooperation and consent of the patient is a vital part of the Request-Test-Report-Cycle, providing a detailed description of the nature and extent of the cooperation and consent is not within the scope of these Guidelines.

[6] See note 4.

(g) in the absence of the original Requester either during or outside normal business hours, a suitable delegate has been nominated to receive and act on the result; and

(h) support staff are provided with clear and sufficient documented policies and procedures to be followed for the management of pathology requests and reports. This should include policies covering confidentiality and privacy. These should be communicated, understood and complied with at all times.

3.3 Pathology Providers

(1) The responsibility of Pathology Providers commences with the receipt of a request for a pathology test/investigation (paper, electronic, verbal) and continues until the outcome(s) are communicated to the Requester (or Nominated Delegate).

(2) Where the pathologist is aware of the request, Pathology Providers should have systems in place to ensure that:

(a) requests are received, recorded and processed appropriately;

(b) outcomes are communicated to the Requester or a Nominated Delegate in an appropriate and timely manner;

(c) they have mechanisms in place to identify and address missing or delayed specimens; and

(d) they have mechanisms in place to identify when results have not been finalised and where reports to Requesters are missing or overdue.

4. Privacy Legislation

(1) Requesters collecting health information as part of the Request-Test-Report-Cycle need to be aware of their Privacy Obligations.

(2) Whilst Privacy Obligations will vary depending on whether the medical practitioner is operating in the public or private sector, certain minimum obligations must be understood and met. These obligations are the Australian Privacy Principles, or APPs, under the Federal *Privacy Act* 1988.

(3) The Federal *Privacy Act* operates in both the Federal public sector and the private sector. Furthermore, it should be noted that:

(a) the National Pathology Accreditation Advisory Council's *Requirements for Information Communication 2013*) incorporate the APPs; and

(b) relevant State privacy legislation may impose additional privacy obligations.

(4) All personal information i.e. information from which a person is identifiable and collected by a medical practitioner in a health-related context, will be classified as health information under the APPs.

A summary of the relevant APPs, current as at the date of these Guidelines, is set out in Appendix 1.

5. Request Stage

Both the Requester and the Pathology Provider have responsibilities during the first stage of the Request-Test-Report Cycle.

5.1 Requester Responsibilities

(1) The Requester determines on clinical grounds that one or more pathology tests/investigations are required for patient care and communicates the request in writing, electronically or verbally to the Pathology Provider.

(2) If the Requester uses a hard copy or electronic pathology request form provided by the Pathology Provider, then the Requester has a responsibility to accurately complete all sections of the request form. Criteria for notification of a priority result or additional reflex testing to be performed may be contingent upon the clinical notes provided by the requester.

(3) If the Requester utilises their own written or electronic format for requesting pathology tests/investigations, then the Requester is responsible for ensuring that the following minimum information is included in a legible manner:

(a) name and address of the Approved Pathology Practitioner or Approved Pathology Authority to whom the pathology request is directed;

(b) patient's name and address;

(c) patient's date of birth and sex;

(d) patient's present location if appropriate (eg. within a hospital) and status (e.g. public/private, inpatient, outpatient);

(e) Requester's name, practice address and contact details and address/location of where copies of reports should be sent;

(f) Requester's Provider number;

(g) individual pathology services, or groups of pathology tests using recognised names or acronyms, eg MBS schedule code or acronym;

(h) clinical information relevant to tests/investigations requested, including those related to MBS item descriptors and restrictors;

(i) identification of specimen collector;

(j) where the service is a pathologist-determinable service determined to be necessary by the Approved Pathology Practitioner by whom, or on whose behalf, the service was performed — the initials 's.d.' or 'p.d.';

(k) date and time of specimen collection;

(l) type of specimen;

(m) legal Signature of Requester;

(n) date of Request; and

(o) priority of request if non-routine turnaround time required.

(4) If the Requester makes a verbal request, a similar quality of information should be transmitted to the Pathology Provider. If a Medicare rebate is applicable, any verbal request must be confirmed in writing to the Pathology Provider within 14 days.

(5) Where a test or investigation outcome is required in other than the routine turnaround time, this requirement should be communicated to the Pathology Provider by:

(a) using mutually agreed terminology (see **Section 8**); and

(b) providing sufficient contact details to ensure that the result can be received in a timely manner. This is especially important in a hospital environment where patients may be transferred to different locations and/or into the care of different medical practitioners or discharged before results are received.

(6) Where the Requester or their support staff undertake specimen collection from the patient, the Requester is responsible for ensuring that:

(a) the collection is properly conducted;

(b) they should be fully and correctly identified and packaged in appropriately labelled and addressed bags;

(c) if the specimen is to be processed within a non-routine timeframe, the level of urgency should be clearly indicated on the outside of the specimen package using terminology agreed with the Pathology Provider; and

(d) that arrangements are made for specimen storage and transport in accordance with NPAAC's *Requirements for the Packaging and Transport of Pathology Specimens and Associated Materials 2013*. Where the Requester does not directly request a pathology service but refers the patient for an investigation to be initiated and performed elsewhere, the Requester should ensure that the patient understands the reason for the investigation(s) and have in place systems to ensure that the appropriate investigation(s) has been conducted. It is the responsibility of the secondary Requester to communicate the clinical details from the original request to the Pathology Provider.

(7) Requesters should discuss with their patients the significance of the test(s), the patient's role in the process and, where appropriate, the expected timeframes for receiving and acting on pathology reports and the best way of notifying the patient about normal and abnormal test results[7].

(8) Where the Requester is not to be the recipient of the report, or where the patient has moved to the care of another medical practitioner, the Requester must ensure that handover of responsibility for outstanding pathology requests to the new carer takes place and, where appropriate, that the Pathology Provider is advised of their identity and contact details.

(9) The Requester or their Nominated Delegate should review all reports and determine if clinical action is necessary. There should be an auditable record of who reviewed the report, and when this occurred.

[7] See note 4.

(10) Requesters must have systems in place to ensure that missing or overdue requests can be identified and acted on with minimum delay.

(11) All electronic, verbal and hard copy communications between the Requester and the Pathology Provider related to pathology requests must be recorded in a suitable format and retained in accordance with relevant guidelines and regulations. Data retention requirements will vary from State to State, however, medical indemnity organisations currently recommend retaining records for 7 years for adults or in the case of minors, for 7 years after the patient turns 18.

5.2 Pathology Provider Responsibilities

(1) Where the Pathology Provider supplies Requesters with paper or electronic request forms, they should be designed to capture all the information necessary to comply with the relevant Medicare and NPAAC requirements for pathology request forms. The HIC must approve each type of request form supplied.

(2) Where the Pathology Provider undertakes specimen collection from the patient, the Pathology Provider is responsible for ensuring that the collection is properly conducted.

(3) Whether the Pathology Provider undertakes specimen collection from the patient or provides transport services for specimens collected by Requesters, the Pathology Provider should ensure that suitable arrangements are made for the storage and transport of specimens to the laboratory in compliance with NPAAC's *Requirements for the Packaging and Transport of Pathology Specimens and Associated Materials 2013.*

(4) The Pathology Provider should verify that the request form is completed according to the requirements of the Health Insurance Act (1973) and its amendments and regulations and those described at Section 5.1(3) above.

(5) Pathology Providers should record the time of specimen receipt.

(6) Pathology Providers should also have documented policies and procedures for the management of:

- (a) oral requests;
- (b) nurse-initiated tests;
- (c) patient-initiated requests; and
- (d) out-of-hours requests.

(7) Where the patient presents to an APP or APA other than the one on the request form for specimen collection, the Pathology Provider should remind the patient that he/she should inform the referring doctor of the change.

(8) All electronic, verbal and hard copy communications between the Requester and the Pathology Provider related to pathology requests must be recorded in a suitable format and retained in accordance with relevant guidelines and regulations. NPAAC's *Requirements for the Retention of Laboratory Records and Diagnostic Material 2018* currently recommend retaining the request, the laboratory records including records of analysis, calculations and observations from which the result is derived, and the report for a period of 4 years.

(9) The Pathology Provider should take steps to ensure that patients are made aware of any financial implications in regard to tests requested.

Also see College Policies: *Pathology test requesting by Nurse Practitioners and Midwives* and *Pathology test requesting by Practitioners other than medical or Nurse Practitioners.*

6. Testing Stage

6.1 Pathology Provider Responsibilities

(1) Once the request has been received by the Pathology Provider, the test/ investigation request enters the second, Testing Stage, of the Request-Test-Report Cycle.

(2) Specimens should be received, processed and testing/investigations undertaken in accordance with NPAAC, NATA and other relevant medical testing standards and guidelines.

(3) Where a Pathology Provider refers tests/investigations to another laboratory:

(a) the second laboratory has the same responsibilities as the referring laboratory from the time it receives or collects the specimens;

(b) it is the responsibility of the referring laboratory to ensure that, where possible any laboratory to which it may refer specimens is accredited by NATA for the tests that may be referred;

(c) the referring laboratory should have a written understanding with the secondary laboratory concerning required service levels, turnaround times and which laboratory reports to the Requester; and

(d) if a Medicare rebate is applicable, any oral request must be confirmed in writing by the referring laboratory within 14 days.

7. Report Stage

When the Pathology Provider has performed the requested test(s)/investigation(s), the request moves to the third, Report Stage, of the Request-Test-Report Cycle.

7.1 Requester Responsibilities

(1) The Requester (or their employing organisation) should have in place a management system to ensure that overdue or missing pathology reports are obtained, viewed and acted upon with minimum delay.

(2) Where a Requester follows up a missing or overdue report and discovers that the patient has not been tested, the Requester should endeavour to follow up the patient to discuss why they have not presented for the pathology test. The patient may require further information about the need for the test and what will take place. The Requester should document their discussions, and any written information provided to the patient[8].

[8] See note 4.

(3) The Requester should have a system in place to acknowledge the receipt and review of reports dispatched by the Pathology Provider.

(4) In appropriate cases, the Requester should notify the relevant authorities of notifiable diseases[9].

(5) Pathology reports should be retained as part of the patient record and in a readily retrievable secure format and environment.

(6) All electronic, verbal and hard copy communications between the Requester and the Pathology Provider related to pathology reports must be recorded in a suitable format and retained in accordance with relevant guidelines and regulations. Data retention requirements will vary from State to State, however, medical indemnity organisations currently recommend retaining adult records for 7 years or for 7 years after the patient has turned 18.

(7) As Requesters may not always be available to receive pathology reports, they should have in place a mechanism by which Pathology Providers can communicate unexpected life-threatening test results to the Requester or their Nominated Delegate in a clinically appropriate time-frame.

7.2 Pathology Provider Responsibilities

(1) The Pathology Provider is responsible for preparing and issuing to the Requester a comprehensive and clinically meaningful report of the outcomes of the pathology request.

(2) In the case of screening programs, the Pathology Provider must have systems in place to notify abnormal results to the Requester or their Nominated Delegate.

(3) The issued report should meet NPAAC and NATA requirements, and include sufficient information for the Requester to optimise its value for patient care. The report should identify the original Requester and other practitioners who have been sent a copy of the report.

(4) In some instances, a Pathology Provider may initiate additional tests in the interests of patient care. For Pathology Provider initiated tests, the Pathology Provider is responsible for communicating the results to the Requester or their Nominated Delegate. This testing should be performed at no charge unless a formal request is received subsequently from the Requester.

(5) The results should be transmitted in a timely and appropriate manner (hard-copy, electronic, verbal etc) to the Requester or their Nominated Delegate.

(6) Interim (hard-copy, electronic) reports should be clearly identified as such, and must be confirmed with a final report (hard-copy or electronic) that is clearly identified as such.

(7) Telephone or other verbal reports are to be treated as interim reports and must be confirmed with a final report (hard-copy or electronic).

(8) If an amended report is issued, it should be clearly identified as such. An amended report should indicate the information that has been amended, or alternatively be

[9] See note 4.

accompanied by the original report so that the Requester can readily identify the amended information.

(9) For electronic delivery of reports the Pathology Provider should have mechanisms in place to record acknowledgement of receipt of report by the Requester or their Nominated Delegate.

(10) The Pathology Provider should have in place a system to identify any requests that have not been responded to within the agreed time-frame. These reports should be prepared and issued with minimum further delay.

(11) All electronic, verbal and hard copy communications between the Requester and the Pathology Provider related to pathology requests must be recorded in a suitable format and retained in accordance with relevant guidelines and regulations. NPAAC's *Requirements for the Retention of Laboratory Records and Diagnostic Material 2018* currently recommend retaining the request, the laboratory records including records of analysis, calculations and observations from which the result is derived for a period of 4 years and copy of the original report, or the ability to reprint the information content of an original report for a period of 7 years.

(12) In appropriate cases, the Pathology Provider should notify the relevant authorities of notifiable diseases[10].

(13) In cases where the Pathology Provider is unable to communicate life-threatening test results to the Requester or their Nominated Delegate or a suitable substitute in a clinically appropriate time frame, the Pathology Provider should endeavour to contact the patient, or their responsible carer as appropriate.

8. Requester – Pathology Provider Relationship

8.1 Requester – Pathology Provider Arrangements

The Requester (or their employing organisation) and their Pathology Provider(s) should have written documentation setting out:

(1) the Requester's pathology service requirements, particularly in relation to turnaround times for routine, priority and urgent tests;

(2) terminology; and

(3) modes of communication to be used for requesting and reporting routine, priority and urgent tests.

Faxing may be used as an adjunct to, but not as a substitute for, telephone notification of clinically significant results for priority and urgent tests.

8.2 Terminology

Terminology varies between practices, but the following terminology is recommended:

[10] See note 4.

Routine	Tests are conducted and reported (usually in hard copy or electronically) according to the agreement between the Requester (or their employing organisation) and the Pathology Provider.
Priority or Fast Track	Tests are performed according to the schedule for Routine requests, however the results are communicated as soon as available (for example, via pager, telephone or facsimile*). This would apply when a routine test is associated with an unexpected abnormal result that could have serious, and potentially life threatening, implications.
Urgent or Life Threatening	Tests are conducted with the highest priority as soon as practicable and the results communicated as soon as possible (for example, via pager, telephone or facsimile*).

**Facsimile may be used in addition to, but is not a substitute for, communication of the result via telephone.*

Glossary

APA	Approved Pathology Authority. Definition available from the Medicare Benefits Schedule, Section 6.
APP	Approved Pathology Practitioner. Definition available from the Medicare Benefits Schedule, Section 6, and the *Health Insurance Act* 1973 s23DC.
Employing Organisation	A Requester of pathology services may be a medical officer in the employ of a public or private hospital or health care facility. In this situation, the management, staffing, policies and procedures necessary to supporting the Request-Test-Report Cycle will generally be implemented and operated by the organisation and not the individual Requester.
Nominated Delegate	A person nominated by the Requester to receive and where appropriate act upon test results in the absence of the Requester.
NATA	National Association of Testing Authorities.
NPAAC	National Pathology Accreditation Advisory Committee.
Pathology Provider	A medically qualified person with a specialist qualification in the discipline of pathology. A pathologist may be working as a single professional practice, or be employed in a large practice in a public health facility or commercia practice.
Privacy Obligations	The rights and obligations relating to a person's privacy are prescribed by relevant Federal and State legislation, codes of conduct and appropriate guidelines.
Requester	The majority of pathology services are requested by medically qualified individuals for the purpose of patient diagnosis and management. Requesters may be junior consultant medical hospital staff, general practitioners, or specialists in private practice. Other groups of healthcare worker, such as nurse practitioners, may also request pathology services as part of their patient care responsibilities.

Appendix 1

Summary of the relevant Australian Privacy Principles under the Privacy Amendment (Enhancing Privacy Protection) Act 2012

APP 1 - Openness and Transparency Management of Personal Information

Medical practitioners must manage personal information in an open and transparent way. Medical practitioners must have a document clearly expressing their policies on the management of personal information and make this available to anyone who asks for it.

APP 3 – Collection of Solicited Personal Information

Medical practitioners must not collect personal information unless the information is reasonably necessary for at least one of the entity's functions or activities. Sensitive information must not be collected about an individual unless:

- the individual consents to the collection of the information; and
- the information is reasonably necessary for at least one of the entity's functions or activities

Medial practitioners must collect personal information only by lawful and fair means and must collect personal information about an individual only from the individual unless it is unreasonable or impracticable to do so.

APP 6 – Use or Disclosure of Personal Information

Medical practitioners holding personal information about an individual that was collected for the primary purpose must not use or disclose it for a secondary purpose unless:

- the individual has consented to the use or disclosure; or
- the secondary purpose is related to the primary purpose; and
- it is required or authorised by or under an Australian law or a court/tribunal order.

APP 10 – Quality of Personal Information

Medical practitioners are required to take reasonable steps to ensure that any personal information that is collected, used or disclosed them is kept accurate, up-to-date, complete and relevant.

APP11 – Security of Personal Information

Medical practitioners must take reasonable steps to protect personal information that they hold from misuse, interference, loss and unauthorised access, modification or disclosure. Medical practitioners must also take reasonable steps to destroy or de-identify personal information if:

- the organisation no longer needs the information for any purpose for which the information may be lawfully used or disclosed; or
- the information is not otherwise required to be kept under an Australian law or court order.

The security of personal information applies to any personal information held by the medical practitioners, regardless of whether he/she collected that information.

APP 12 – Access to Personal Information

Medical practitioners that hold personal information about an individual must give the individual access to that information on request by that individual, unless an
Exception applies, as outlined in the Principles.

APP 13 – Correction of Personal Information

Medical practitioners must take reasonable steps to correct personal information that it holds to ensure that, having regard to the purpose for which the information is held, it is accurate, up-to-date, complete, relevant and not misleading.

Full text of the Australian Privacy Principles can be downloaded from
http://www.oaic.gov.au/privacy/privacy-resources/privacy-fact-sheets/other/privacy-fact-sheet-17-australian-privacy-principles