
REQUEST FOR LABORATORY INFORMATION SERVICE

Division: _____ Section: _____ Requested by: _____

Request Date: __/__/____ Director/Manager/Chief Tech APPROVAL: _____

Please circle need: **PROBLEM** or **PROCEDURE** (Attach **PROCEDURE FORM** to this form)

Target Date Needed: __/__/____ (Attach procedure **MAINTENANCE FORM** to this form)

GIVE DETAILED DESCRIPTION OF PROBLEM / REQUEST:

What program were you using when the problem occurred? _____

What report were you generating when problem occurred? _____

Is the problem reproducible? Circle: YES NO How? _____

Are examples attached? Circle: YES NO

List ERROR messages that appeared: Bid Task error, Security Violation error, etc.

Instrument Interface Problems: Is the instrument's communication protocol **set properly and activated?** YES NO

PATIENT RELATED SERVICE REQUESTS: Chart Restore; Reprints
(Provide a PIQ screen print with this request)

Patient name: _____

Medical record number and financial number: _____

Accession number: _____

Test Verification time (s): _____

PROBLEM/SERVICE RESOLUTION: By: _____ Date: __/__/____
Completed: YES NO Need further documentation of problem: YES NO Rejected: YES NO

Procedure/Table built, please test _____

For LIS Use Only:

Date Received: __/__/____

Completed By: _____

Date Completed: __/__/____

LIS RESPONSE TO REQUEST:

BENEFITS

1. Who/what will benefit from completion of the program request? (Please explain if other departments will be involved or affected, and the overall impact on your user community)

2. Will there be a negative impact to your division or the department if the request is not completed?

3. Describe any benefits which will be attributed to the end product of this request (e.g. improved internal operations, improved institutional image)

4. Is this request the result of a mandate? YES NO
If YES, is it due to legislative or regulatory mandate or to local institutional executive policy?
Attach any supporting documentation for division/department policy

5. Explain any time requirements or deadlines associated with the request such as: needed by new fiscal year, date regulations require change, etc. Identify potential penalties to the department if the time requirement is not met.

6. Are there alternatives other than LIS that will satisfy the requirement? YES NO
Please explain:

Procedure Form

Questions	Response
What is the Full name of test?	
Is the orderable test a detail test or Group test- If it's a group test what are the components?	
What are the normal ranges for- male/female, different age groups?	
What are the critical values for this test if there are any?	
What is the reagent code for the new assay?	
If the test is on a new instrument that is interfaced should the instrument be set for autoverification?	
If the test is on an instrument that is set for autoverification are there any results for this test that should not autoverify?	
Are there any alpha responses (should a result be reported >, <, N/A or SEE NOTE)?	
What are Units of measure?	
What are the # of decimal places in the result?	
What are the Minimum and maximum # of digits (for the result)?	
What is the Specimen type and are there any special requirements (protect from light etc)?	
If it is a group test should the test be billed at the component level or group level?	
What is/are the Charge code/s?	
Where should the test chart- which chart section (you can give my a name of an existing test which would be in the same chart section)?	
What is the Chart Name of test?	
Can test be ordered in EPIC?	
If the test can be ordered in EPIC are there any messages that the physicians need to see when ordering this test?	
Should results go to EPIC/ MyUTMB?	
What is the workcenter/ Testing Site the test should load to?	
Should samples for this test go on the Tecan?	
What sample volume does the Tecan need to aliquot and what lane should the sample go to on the Tecan?	
Does the test need to be added to workload?	
How should workload be captured, at the group level or component level?	

Approved By: _____

Date: _____