



## SOP 4: Laboratory Services



### CHC Kanas, Puri

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**Document No. – KN/Lab/SoP/04**

<b><i>Reviewed by:</i></b>	<b><i>Approved by</i></b>
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CHC Kanas	Standard Operating Procedure No 4	Document No -:KN/Lab/SOP/04
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## SOP 4: Laboratory

### 1. Purpose:

To provide all kind of available laboratory services to patients. It covers all patient care areas of hospital

### 2. Scope:

It covers all OPD and indoor patients admitted and receiving treatment at Hospital. Besides it also provides diagnostic services to antenatal mother admitted in the LR attending OPD, PMSMA Day on 9<sup>th</sup> of every month.

### 3. Responsibility:

The Medical Officers shall be responsible for prescribing, diagnosis and further treatment based on reports

Lab Technician for reporting of results

### 4. Procedure:

S No	Activity	Responsibility	Ref Document/ Record
1	<p><b>Out Patient Service:</b> The respective treating physician shall prescribe the various investigations on the investigation slip/OPD card, the patient reaches to sample collection area of the lab with investigation slip/OPD card. The Lab Technician enter the details through UHID in lab register and also assigns lab number The lab technician collects the sample and labels it. After the sample collection, the patients are intimated about the time for collection of report (TAT) i.e. within <b>24 hours</b> for routine investigations and <b>½ hour</b> for emergency investigation. The lab technician segregates the specimens according to the various testing areas and start testing samples The lab Technician shall record the details of the samples received in the respective registers</p>	Lab Technician	Lab investigation requisition form  Lab register
2	<p><b>In patient services</b> After receiving request form by the staff nurse, the lab technicians shall collect the sample of in-patient by taking a morning ward round The lab technician records all the details of the samples received in the respective registers.</p>		Lab register

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3	<p><b>Critical Result Alert Procedure</b></p> <ul style="list-style-type: none"> <li>• A Critical Value chart is maintained which enlists the upper and lower ranges for classifying a result in Critical Result.</li> <li>• As soon as a critical result is noticed the unit head/ Senior LT is informed and as per their discretion test is either re-run once again to rule out any variation or same values are accepted.</li> <li>• Once it is confirmed that the result lies in Critical Value category the critical Value alert procedure is followed</li> <li>• Telephonically the result is informed to the concerned medical staff/treating Physician.</li> <li>• Once the result is conveyed the staff name is verified and Critical Result is verified/confirmed back from the staff to ensure complete and correct communication.</li> <li>• Once correct communication to medical staff is confirmed the staff name is entered in to the Critical Call Alert register with details of patient sample and Alert Value and informing person.</li> <li>• A routine report follows even after the Critical Alert Value is reported telephonically</li> </ul>		
4	<p><b>Reporting</b></p> <p>The Lab. technicians shall issue the reports to patient /treating physician and also records the results in register before dispatching reports.</p>		
5	<p><b>Stock Maintaining &amp; Monitoring:</b></p> <p>A stock register shall be maintained for the items and wherever required re-order level shall be maintained in the stock Register itself. List of the required items shall be well informed to the MO I/C</p>		
6	<p><b>Standard practices for lab safety</b></p> <ul style="list-style-type: none"> <li>• Only disposable blood collection devices will be used for collection of blood specimens.</li> <li>• Appropriate PPE shall be used for protection of patients, laboratory technicians and other laboratory workers.</li> <li>• No recapping of used needles is allowed.</li> <li>• No mouth pipetting is allowed</li> <li>• Exterior of blood container shall be wiped for any trace of blood with appropriate disinfectant.</li> </ul>		

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	<ul style="list-style-type: none"> <li>All specimens shall be labeled carefully.</li> <li>Material safety data sheet (MSDS) shall be available for hazardous chemicals.</li> <li>All fluids shall be discarded only after treatment with 1% sodium hypochlorite.</li> <li>All laboratory workers will perform hand wash as per the appropriate indications.</li> <li>All laboratory workers will be immunized with Hepatitis B &amp; TT vaccination.</li> </ul>		
7	<b>Transporting Specimens</b> Use containers with secure closures. Flag specimens at collection site with biohazard symbol.		
8	<b>Quality Assurance</b> Internal Quality Assurance: By review and re-assessment of national quality assurance laboratory checklist on a periodic basis External Quality Assurance: Ten samples (include all positive samples) of Malaria are sent monthly to district hospital		

#### 5. Records

S No	Name of Record	Record No	Minimum retention period
1	Lab Register general	KN /Lab/RC/1	One year
2	Stock Register	KN /Lab/RC/1	One year
3	ICTC Register	KN /Lab/RC/1	One year
4	RNTCP Register	KN /Lab/RC/1	One year
5	Malaria Register	KN /Lab/RC/1	One year
6	Notifiable Disease Line listing Register	KN /Lab/RC/1	One year
7	EQAS register	KN /Lab/RC/1	One year
8	Lab Investigation Slip	KN /Lab/RC/1	One year
9	Lab investigation register for sterilization	KN /Lab/RC/1	One year
10	Lab investigation report for PMSMA	KN /Lab/RC/1	One year

**\*\* End of SoP\*\***

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