NZMN Position Statement on the Inclusion of Clinical Details on Request Forms

The NZMN supports the inclusion of brief but appropriate clinical details on request forms for microbiology samples submitted to diagnostic laboratories.

The quality of any laboratory result produced is dependent on multiple steps/processes from when the sample is taken and the request form is completed, through to when the result is released to the clinicians. It is often the **pre-analytical phases** of laboratory testing that are amongst the most difficult to control and standardise.

We believe it is important for the laboratory to know the clinical context in which the microbiological test is being performed for the following reasons:

- **To ensure that the correct tests are being performed.** This is particularly important where the patient is immunocompromised, pregnant or has had overseas travel etc. With respect to infectious serology, clinical details also allow the laboratory to decide whether the clinician is seeking evidence of immunity, or the presence of current infection.
  Correct test selection is particularly important with respect to enteric testing. The diagnosis of enteric pathogens involves a whole range of different tests and the provision of clinical details allows the most appropriate tests to be selected by the laboratory.

- **To allow interpretation of borderline results or results of uncertain significance.** Clinical microbiologists need to get in contact with clinicians on a regular basis to obtain more clinical details to assist with interpreting microbiological results, and in particular borderline results, or results of unclear significance. Many of these consultations could be avoided by consistently having the presence of clinical details on the request form.

- **To allow further tests to be performed by the laboratory or be recommended to the requestor for consideration.** When certain clinical details are provided on the request form, it can assist the laboratory in suggesting further tests in order to clarify the diagnosis. For example in infectious serology the duration of symptoms can

dictate whether convalescent serology is required. Pregnancy, overseas travel, and immunocompromise are examples of clinical details where the laboratory may be able to suggest optimal testing for the patient.

- **To ensure that the test is performed for diagnostic reasons.** This ensures that the testing is performed for a funded indication. Pre-employment, pre-travel, insurance medicals, etc. all generally fall outside of DHB funding for laboratory testing.

The NZMN supports laboratories who wish to make clinical details pre-requisite as a condition of testing, with the proviso that laboratory organisations adhere to the following recommendations:

- **A consultation exercise is undertaken with relevant stakeholders before implementing any such policy.**
  Feedback on any planned implementation should be sought from relevant groups such as laboratory requestors, budget holders, PHOs, Laboratory Clinical Boards, etc.

- **The benefits of having clinical details pre-requisite on all requests are weighed against any specimen integrity issues that may arise from delay of sample processing as a result of this policy.**
  Any delays which may result from samples not being processed until clinical details become available should be taken into account with regards to the potential impact on the patient, the integrity of the sample, and the level of difficulty of sample recollection. This may result in variation of the policy between different sample cohorts.

- **What clinical details are acceptable for any particular test are made clear to laboratory users.** The 'appropriateness' of certain clinical details can be subjective in nature. Clear guidelines as to what clinical details will be accepted as reasonable should be communicated to laboratory users.

- **The range of tests affected is made clear to laboratory users.** This is important so that laboratory requestors know where they stand with regards to the expectations of the laboratory.

- **A list of exemptions from such a policy is made clear to laboratory users.**
  Testing which is highly protocolised or where the source of requesting contextualizes the request may be exempted from having clinical details as pre-requisite for testing. Ante-natal screening, blood borne virus screening in prisoners, sexual health screens would be obvious examples.

- **Audit of such a policy is performed post-implementation and the results fed back to the requestors.** To demonstrate compliance with the policy and its potential effect on result quality.

The NZMN supports the introduction of electronic based laboratory test requesting, which can facilitate the provision of appropriate clinical details at the point of requesting.

- By utilising electronic requesting, the system can be set up so that the test request cannot be completed without the inclusion of clinical details.

- Electronic requesting can also facilitate the acquisition of certain types of clinical details using specific questions depending on the test. E.g. Current antibiotics?, Allergies?, Overseas travel?, Pregnant?, Immunocompromised?

The NZMN supports the need for inclusion of legible contact details for the referring clinician.

- The laboratory can only return test results in the required timeframe to the appropriate referring clinician, if the contact details are correct and legible.

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