Laboratory report content and delivery

Standard operating procedure (SOP) | LBT-SOP-008

Document type	Standard operating procedure (SOP)
Title	Laboratory report content and delivery
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Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 33 (Laboratory), criterion 33.13
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Each report has the minimum content: identifiers, test, result, units, reference interval and authoriser.
2. The report reaches the requester named on the request.
3. Delivery is checked against the requester before release.
4. A report sent to the wrong recipient is recalled and reported.

Stop and get help straight away if: a report is sent to a recipient other than the requester, or without its identifiers.

1. Purpose

To make sure each report is complete and reaches the right person (33.13).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

A report without the patient's identity, the specimen type or the test date cannot be used safely. Every report must carry a defined minimum of information.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Senior scientist	Sets the minimum content and the delivery route	Laboratory director
Reporting staff	Check each report before it is sent	Senior scientist

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Check content.	• Check each report against the minimum content list.	Checked.
2	Check recipient.	• Check the recipient against the requester on the request.	Recipient checked.
3	Deliver.	• Send the report by the defined route and record the delivery.	Delivered.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Reports with complete minimum content and correct recipient	100%	Monthly	Senior scientist	Escalate to the laboratory director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
LBT-POL-003	Result authorisation and release	Policy

16. Evidence

ID	Source and status
E-009	Based on ISO 15189:2022 Medical laboratories: requirements for quality and competence, ISO 9001:2015 for supplier control, and the Global Patient Safety Action Plan 2021–2030 for critical results.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval