Standard operating procedure (SOP) · LBT-SOP-008 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 33.13

At a glance

- Each report has the minimum content: identifiers, test, result, units, reference interval and authoriser.
- The report reaches the requester named on the request.
- Delivery is checked against the requester before release.
- 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 the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 16

3. Definitions

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

4. Background

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	Responsibility	Competence
Senior scientist	Sets the minimum content and the delivery route	Laboratory director
Reporting staff	Check each report before it is sent	Senior scientist

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Check content.

- Check each report against the minimum content list.

Key point: Checked.

Step 2. Check recipient.

- Check the recipient against the requester on the request.

Key point: Recipient checked.

Step 3. Deliver.

- Send the report by the defined route and record the delivery.

Key point: Delivered.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Reports with complete minimum content and correct recipient	100%	Monthly	Senior scientist	Escalate to the laboratory director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy

15. Training

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

16. Related documents

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

17. Evidence

Reference	Note
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.

18. Change history

Version	Date	What changed	Approval
1.0	—	Initial release	set Expert Committee approval

E-learning for this document

- **Records, Confidentiality and Data Protection** (T-11)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 33.13. (E-009)

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