**Blood Test Protocol**

**1. Introduction**

**1.1 Policy Statement**

This protocol outlines a standardized procedure for the requesting, reviewing, filing, and communicating of diagnostic test results. It ensures effective, timely, and confidential communication with patients, while promoting accuracy and continuity of care.

**1.2 Scope**

This protocol applies to:

* All clinical staff, including GPs, nurses, and healthcare assistants.
* Administrative staff responsible for test coordination and result communication.
* Diagnostic tests such as blood work, urine, faecal tests, imaging (X-rays, scans), and other relevant investigations.

**Note:** As the practice does not provide routine in-house phlebotomy services, patients will be referred to external phlebotomy providers. (except near patient testing and urgent requests)

**Patient Communication:**  
Patients should be advised to contact the practice for their results within a reasonable timeframe, typically:

* **Routine tests**: Most blood, urine, and stool tests return within **2 weeks**.
* **Multiple or complex tests**: Patients should follow up after 2 weeks for clinician review.
* **Urgent tests**: Patients should not follow the 2-week guideline—these are handled promptly by clinical staff.

**Test Result Flow:**  
Test results are received electronically via Pathlinks, typically directed to the requesting clinician’s inbox. Reception/admin staff may reassign results as needed (e.g., if the doctor is on leave).

**2. Responsibilities**

**2.1 General Practitioners (GPs)**

* Request and interpret diagnostic tests.
* Document test indications clearly.
* Take clinical action based on results.
* Ensure timely follow-up and EMIS Web documentation.

**2.2 Administrative Staff**

* Ensure accurate test requests- NPT
* Monitor incoming results and escalate unfiled or overdue items.
* Communicate clinician instructions to patients promptly and accurately.

**3. Clinical Procedure**

**3.1 Requesting Blood Tests**

* Document all test requests in the **consultation** during the consultation. And writeback the request to the consultation
* Inform patients of any specific requirements (e.g., fasting, early morning sample).
* Clearly mark **urgent** requests and personally arrange same-day tests if needed.
* Ensure the clinical indication is detailed and relevant.

**3.2 Filing Results**

* All results must be reviewed and filed within **5 working days**, regardless of clinician working schedule.
* It is best practice to check results daily, even when not scheduled to work, especially for significant abnormalities.
* Before filing, read the **consultation** for context and clinical history.
* Reassign results to the original requesting clinician when appropriate.

**3.3 Actioning Results**

**Result Filing Categories: (Please don’t use abbreviations as admin unable to safely relay message to patient)**

**Normal – No Action Required**

* + File as "normal – no action required."
  + Admin can relay this to the patient upon inquiry.
  + Exercise caution in specific cases (e.g., diabetics with normal HbA1c).

1. **Mildly Abnormal – No Immediate Concern**
   * File as "satisfactory – no action required."
   * Add contextual notes (e.g., stable kidney function, routine follow-up).
2. **Abnormal – Routine Action Needed**
   * File as "abnormal."
   * Send an EMIS Web task to the "Admin" team with or use accurx message template ( preferred):
     + Required follow-up (e.g., nurse/GP appointment, repeat test).
     + A specific timeframe (e.g., “repeat liver test in 2 weeks”).
   * Avoid vague ranges like "2–4 weeks."
   * If contact attempts fail, send a letter. Mark as urgent if delay poses risk.
   * Update the New Journal for continuity.
3. **Abnormal – Urgent Action Required**
   * File as "abnormal" and act immediately.
   * Call the patient directly if needed.
   * If unreachable, notify admin or the on-call GP.
   * Mark as "red flag" in EMIS Web with clear instructions (e.g., "Please see GP within 1 week").

**4. Administrative Procedure**

**4.1 Routine Tasks**

* Attempt to contact patients by phone **at least twice**, at different times.
* If unsuccessful, send a text or a letter using the doctor’s message or a generic notice to call the practice.

**4.2 Urgent Tasks ("Red Flag")**

* Prioritize all red-flagged tasks.
* Attempt contact within **2 working days**.
* If unsuccessful, escalate to the tasking GP or on-call clinician.

**4.3 Patient-Initiated Contact**

**If Results Are Not Back:**

* Confirm the test date and whether 2 weeks have passed.
* If <2 weeks: Advise patient to wait.
* If >2 weeks: Apologize, investigate with the lab, and ensure follow-up within 24–48 hours.
* Do not escalate to clinicians unless clinically warranted—admin should resolve where possible.

**If Results Are Back and Reported:**

* Share the results using the GP’s language. (no abbreviations)
* If unclear, clarify with the GP before relaying to the patient.

**If Results Are Back but Not Yet Reported:**

* If <1 week: Ask patient to call again in 1 week.
* If >2 weeks: Apologize, escalate the result to the relevant GP, and follow up within 24 hours.
* Use EMIS tasks or in-person discussion to ensure clinician review and filing.
* Call the patient back once the result is reviewed.

**5. Patient Communication**

**5.1 Method of Communication**

* Use the patient’s preferred method: accurx message ,phone, secure email, or patient portal ( NHS app )
* Document all communications in the patient’s record.

**5.2 Confidentiality**

* Always verify patient identity before disclosing results.
* Never leave detailed results on voicemail or disclose to unauthorized persons.