

Standard Operating Procedure
Hematology- Oncology
Ann Arbor VA Health System

Title	Interim Laboratory Studies
ID/Version	InterimLabs/1.0
Status	DRAFT - Review and Approval Pending AAVAHS Hematology-Oncology Physicians and Nurses
Dates	Active: pending Expires: one year after activation
Scope	All laboratory studies ordered by Heme-Onc physicians performed outside of the context of a clinic visit or inpatient stay.
Purpose	To provide guidance for the ordering, checking and handling of such studies. This is intended to avoid the unnecessary risk and expense, the unnecessary anxiety on the part of patients, and the unnecessary communication associated with unnecessary laboratory testing. It is also intended to standardize the handling of results for studies that are necessary.

Procedure

1. Avoid Interim Results Whenever possible, laboratory studies should be timed so that results can be discussed with the patient during a regular clinic visit.
2. Avoid Irrelevant Studies Avoid ordering studies that will not be used by our service in managing patients. Such studies might include coagulation studies, seizure medication levels, digoxin levels, etc. The service ordering the study is responsible for its timely and complete follow-up.
3. Routine Interim Counts Ordering for Chemotherapy patients The default schedule for obtaining complete blood count, differential and platelets is as follows:
Cycle #1: weekly
Cycle #2: once during week of anticipated nadir
Cycle #3+: only as necessary for regimen employed
This should be modified using clinical judgement as appropriate.
4. Routine Interim Counts Communication Interim counts will not be routinely provided to patients by telephone or otherwise. Physicians or nurses who believe such communication would be important in a particular case should create a TICKIT specifying the when, what, why, and who of the communication for handling through the TICKIT process.

Patients receiving chemotherapy receive instructions regarding actions to take in the event of fever, bleeding or other adverse events during or following chemotherapy. In general, the appropriate precautions and responses related to such developments should not be altered by knowledge of interim laboratory results. Routine interim counts include those used retrospectively for dosing decisions in a subsequent cycle.

5. Contingent Dosing Laboratory studies used to make immediate dosing adjustments must be checked soon after they are performed. A TICKIT should be created to prompt results checking and communication of dosing decisions. Such studies may involve modification of a dose (e.g. hydroxyurea) or initiation or discontinuation of a medication (e.g. flutamide).
6. Outside Laboratory Studies Some patients will have interim studies performed at an outside laboratory and have results sent to our office via fax. Such results should be recorded on the shadow chart flow sheet and the original fax should be placed in the shadow chart. The shadow chart should then be queued for physician review the same day.
7. All-Service Laboratory Review On a weekly basis, the Information Resource Management department will print separate comprehensive listings of Hematology and Oncology laboratory studies performed during the preceding week. The Section Chief is responsible for assuring that these are reviewed by a Hematology or Oncology physician on or before the corresponding clinic day.

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