



**MEDICAL LABORATORY
HOSPITAL UNIVERSITI SAINS
MALAYSIA**

**EXAMINATION
BY
REFERRAL LABORATORY**

Prepared by:	Dr. Julia Omar	
Approved by:	Dato' Dr. Zaidun Kamari	
Effective Date:	1.12.2012	

MEDICAL LABORATORIES HOSPITAL UNIVERSITI SAINS MALAYSIA			
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RECORD OF AMMENDMENT

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VERSION NO.	VERSION DATE:	DESCRIPTION OF AMMENDMENT	SIGNATURE OF APPROVAL
1	1.11.2009	Changes of version MS ISO 15189:2004 to new version MS ISO 15189:2007	
1	1.11.2009	Transforming version 1 MS ISO 15189:2007 into electronic document web address: http://www.quality.kck.usm.my/HUSM/MS ISO 15189:2007	
1	1.11.2009 (Effective date: 1.06.2010)	<u>Amendment 1:</u> New appendix 1,2,3,4 - Appendix 1: Selection of the referral laboratory Appendix 2: Acknowledgement Form Appendix 3: Review of Referral Laboratory Appendix 4: List of Referral Laboratory	

VERSION NO.	AMENDMENT DATE:	DESCRIPTION OF AMENDMENT	SIGNATURE OF APPROVAL
1	01.08.2010	Amendment 2: Page 2,3 of 9 Version Date was replaced by Amendment Date. Added record of review.	

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DATE OF REVIEW	NAME OF REVIEWER	APPROVED BY
14 Jul 2010	En. Chandran Govindasamy En. Mohd Rafi Mustapha	
17.10.2012	Assoc. Prof. Dr Fauziah Mohamad Idris Assoc. Prof. Dr Che Maraina Che Hussin Dr Noor Suryani Mohd Ashari Mr. Dellemin Che Abdullah Mr. Mohd. Nadzri Abu Yazid Mr. Ahmad Zakwan Mustapha Mdm. Khairiah yazid Mdm. Halijah Misran Mr. Tg. Zulkhairuazha Tuan Yahya	

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1. OBJECTIVE

To ensure effective subcontracting process of the clinical laboratory tests to the referral laboratories when required.

2. SCOPE

To be applied to all clinical laboratory tests subcontracted to referral laboratories

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3. REFERENCES

- 3.1 Hospital Raja Perempuan Zainab II Website (<http://hrpz2.moh.gov.my>)
- 3.2 Hospital Kuala Lumpur Website (<http://www.hkl.gov.my>)
- 3.3 Institute for Medical Research Website
(<http://www.imr.gov.my/functions/diagnostic.htm>)
- 3.4 National Blood Centre Website (www.pdn.gov.my)
- 3.5 Makmal Kesihatan Awam Kebangsaan Website (<http://mka.moh.gov.my>)
- 3.6 Molecular Research Laboratory of the Malaysian Liver Foundation
(<http://www.liver.org.my/molecular.asp>)

4. DEFINITION

- 4.1 Referral External laboratory to which a sample is submitted for a supplementary or
Laboratory confirmatory examination procedure and report

5. ABBREVIATION

HOD	Head of Department
LD	Lab Director
DLD	Deputy Lab Director
SO	Scientific Officer
CMLT	Chief Medical Lab Technologist
SMLT	Senior Medical Lab Technologist
MLT	Medical Lab Technologist
ASO	Assistant Scientific Officer
PAP	Pembantu Am Pejabat
PTR	Pembantu Tadbir Rendah
LA	Laboratory Assistant

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6. RESPONSIBILITY

6.1 HOD - Head of Department

Responsible for overall management for subcontracting process of the medical laboratory tests

6.2 LD - Lab Director

Responsible for selecting, evaluating and monitoring of referral laboratories

6.3 DLD - Deputy Lab Director

Responsible for assisting the lab director for selecting, evaluating and monitoring of referral laboratories

6.4 SO - Scientific Officer

Responsible for organising and regular monitoring of the performance of the referral laboratories

6.5 SMLT - Senior Medical Laboratory Technologist

Responsible for management of test request, sample handling and despatch to referral laboratories and compilation of results/reports received

6.6 MLT - Medical Laboratory Technologist

Responsible for receiving test request, sample handling and despatching to referral laboratories and compiling of results/reports received

6.7 ASO - Responsible for receiving test request, sample handling and despatching to referral laboratories and compiling of results/reports received

6.8 PAP - Pembantu Am Pejabat

Responsible for receiving test request, sample handling and despatching to referral laboratories

6.9 PTR - Pembantu Tadbir Rendah Responsible for receiving test request, sample handling and despatching to referral laboratories

6.10 LA - Laboratory Assistant

Responsible for receiving test request, sample handling and dispatching to referral laboratories

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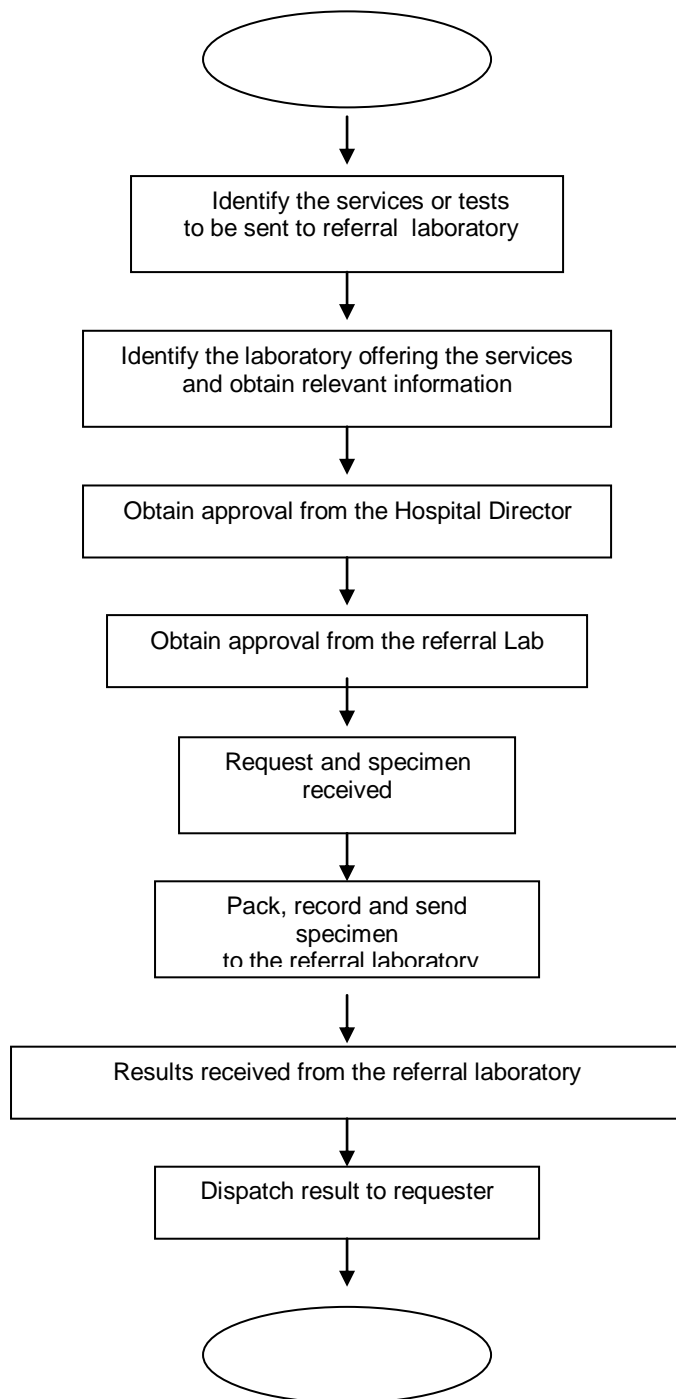
7. PROCEDURE

No	Activity	Responsibility
7.1	Selection and Agreement for Referral Laboratory	
	7.1.1. Identify the services or tests to be sent to referral laboratory	LD / DLD / SO
	7.1.2. Identify the laboratory offering the services and obtain relevant information (Refer to Appendix 1)	LD / DLD / SO
	7.1.3. Obtain approval from the Hospital Director	HOD/LD
	7.1.4. Obtain approval from the Referral Lab	HOD/LD
7.2	7.2.1. Receive request and specimen as in related procedures	SMLT / MLT / ASO/ PAP / PTR / LA
	7.2.2. Pack, record and send specimen to the referral laboratory	
	Note: Obtain acknowledgement of sample received by referral lab (Refer to Appendix 2)	SMLT / MLT / ASO/PAP / PTR / LA
	7.2.3. Upon receiving the result from the referral laboratory	
	(i) Check the patient information	SMLT / MLT / ASO
	(ii) Enter results into LIS if available	SMLT / MLT/ASO
	(iii) Photocopy and retain the photocopy results in the file in laboratory	SMLT / MLT/ASO
	7.2.4. Dispatch the result to the requester	SMLT / MLT / ASO/PTR / PAP
	7.2.5 Review the referral lab yearly (Refer to Appendix 3)	LD/DLD/SO

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FLOW CHART



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Selection of the Referral Laboratory

1 Name of the Laboratory:

2 Address:

3 Laboratory Certification:

	Yes	No
MS ISO 15189	<input type="checkbox"/>	<input type="checkbox"/>
MS ISO 9001:2004	<input type="checkbox"/>	<input type="checkbox"/>
ISO 17025	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>

Please Specify:

4 Tests offered

(Refer to References)

Participation in EQA programme: Yes/ No

5 Laboratory Consultant: Yes/ No

Particulars of consultant

Name:

Qualification and year:

MMC registration:

Approved by:

Date:

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Acknowledgement Form

The following Specimens / Samples have been sent to
the referral laboratory _____

No.	Name of patient	Registration No.	Type of Specimen	Type of Tests

Total of Specimen / Sample -----

This is to acknowledge that I/we have received

No. of specimen / sample received -----

No. of specimen / sample missing / damaged -----

from the Medical Laboratory, Hospital USM.

{ (Name of Specific) laboratory} _____

Comments (if any)

Received by:

Signature: _____

Name: _____

Laboratory / stamp: _____

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Review of Referral Laboratory

1 Name of the Laboratory:

2 Address:

3 Any changes in the requirement

	Yes	No
Pre-examination	<input type="checkbox"/>	<input type="checkbox"/>
Examination procedure	<input type="checkbox"/>	<input type="checkbox"/>
Post-examination	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify: _____

4 Turn-around-time

Meet the TAT Yes / No

If no, please state the reasons: _____

List of Referral Laboratory

Hospital Raja Perempuan Zainab II
Kota Bharu
15586 Kelantan
Tel: 09-7452000, Fax: 09-7486951

Department of Pathology
Hospital Kuala Lumpur
Jalan Pahang
50586 Kuala Lumpur
Tel: 03-26155594, Fax: 03-03-26970417

Universiti Kebangsaan Malaysia Medical Centre
Jalan Yaacob Latif
Bandar Tun Razak
56000 Cheras, Kuala Lumpur
Tel: 03-91455555, Fax: 03-91724530

Jabatan Patologi
Pusat Perubatan Universiti Malaya,
Lembah Pantai,
59100, Kuala Lumpur,
Malaysia
Tel: 03-7949 4422
Fax: 03-7956 2253

Institute for Medical Research
Jalan Pahang
50588 Kuala Lumpur
Tel: 03-40402402, Fax: 03-26938210

National Blood Centre
Jalan Tun Razak
50400 Kuala Lumpur
Tel: 03 - 2693 3888, Fax: 03 - 2698 0362

Makmal Kesihatan Awam Kebangsaan
Lot 1853, Kg Melayu Sungai Buloh
Sungai Buloh
47000 Selangor
Tel: 03-61565109, Fax: 03-61402249

Molecular Research Laboratory of the Malaysian Liver Foundation
No.10-3, Jalan 25/70A
Desa Sri Hartamas
50480 Kuala Lumpur
Tel: 03-23003455, Fax: 03-23003458

Institute of Health & Community Medicine of the Universiti Malaysia Sarawak (UNIMAS)
Kota Samarahan
94300 Sarawak
Tel: 082-671730, Fax: 082-671785