



# College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7

Phone (204) 233-1411 | Fax: (204) 237-3468

E-mail: info@cphm.ca | Website: www.cphm.ca

## Practice Direction Test Orders

### 1.0 Scope and Objective:

#### 1.1 Expected Outcome

This document is a practice direction by Council concerning the ordering of laboratory tests through the authority of *The Pharmaceutical Regulations to The Pharmaceutical Act* and *The Pharmaceutical Act*.

#### 1.2 Document Jurisdiction (Area of Practice)

Ordering of laboratory tests is open to all licensed pharmacists with the appropriate knowledge.

#### 1.3 Regulatory Authority Reference

Section 104 of *The Pharmaceutical Regulations to the Pharmaceutical Act* empowers the Council to create a practice direction for test orders.

#### 1.4 Definitions

Critical Value is “a patient test result, exceeding defined limits that is potentially life threatening or may cause significant harm to the patient, if not acted upon by a physician or other clinical personnel responsible for patient care. These patients may require urgent evaluation/action by the physician/delegate” (source of definition: Diagnostic Services Manitoba).

### 2.0 Practice Direction

2.1 In a hospital pharmacy practice, licensed pharmacists are bound by hospital policy for tests ordered for inpatients, which may restrict or limit activities and/or follow-up actions. If no policy exists, licenced pharmacists in a hospital pharmacy practice cannot order laboratory tests for inpatients or outpatients of the facility.

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To protect the health and well being of the public by ensuring and  
promoting safe, patient-centred and progressive pharmacy practice.*

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2.1.1 Hospital pharmacists who are ordering tests for inpatients need to complete a Regional Health Authority hospital-specific laboratory test education program.

2.2 Pharmacists shall only order laboratory tests for outpatients and in a community or clinical practice setting after successfully completing the education program “Manitoba Module: Ordering Lab Tests” and notifying the College of the completion.

## 2.3 Conditions

When ordering tests, a licensed pharmacist must:

- 2.3.1 only order laboratory tests in relation to a drug prescribed to a patient for the purposes of ensuring safe and optimal medication therapy (licensed pharmacists are limited to the tests listed in Schedule 1 to the regulations -see Appendices).
- 2.3.2 only order laboratory tests in relation to a drug that a pharmacist has prescribed only if the prescribing pharmacist is an extended practice pharmacist.
- 2.3.3 only order laboratory tests that are within the pharmacist’s scope of practice.
- 2.3.4 only order tests if he/she has the knowledge of: the specific test, when the testing is appropriate, how the results should be interpreted in the context of other patient information, and what action should be taken based on the results.
- 2.3.5 make reasonable efforts to review currently available and relevant laboratory test results for the patient prior to ordering a laboratory test.
- 2.3.6 provide the practitioner, who prescribed the medication relevant to the test order, information about the patient condition and reason for ordering the laboratory test.
- 2.3.7 enter into dialogue with the patient about the test being ordered prior to the ordering of a laboratory test.
- 2.3.8 enter into dialogue with the patient and advise when the test is non-insured (i.e., not payable) by Manitoba Health.
- 2.3.9 be available and readily accessible or have alternate arrangements in place to respond to and act upon all critical laboratory values that are reported.
- 2.3.10 provide after hours and emergency contact information to the facility processing the test to insure their ability to contact the pharmacist, or

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the predetermined alternate, in the event of a critical laboratory test result.

- 2.4 Pharmacists ordering lab tests must ensure that a policy and procedure manual is created and maintained in the pharmacy that includes the process for ordering and tracking laboratory tests and for responding to critical values.
- 2.5 Pharmacists must counsel patients about the test and provide information that is understandable and sufficient to allow the patient to make an informed decision to accept or decline the test. The counseling must include, but is not limited to, the clinical significance of the laboratory test, benefits and risks, the potential implications of the results, the proper procedure for having the laboratory test done (i.e., fasting, etc.), charge to the patient, and the process for communicating the laboratory test results to the practitioner and not directly to the patient.
- 2.6 If the pharmacist decides that a laboratory test is necessary, but the patient does not consent to having the test ordered by the pharmacist, the pharmacist must notify the practitioner who prescribed the medication relevant to the test order of his/her recommendations.
- 2.7 Pharmacists, with the exception of extended practice pharmacists, must use the Manitoba Pharmacist Laboratory Requisition form or other approved electronic ordering form when ordering laboratory tests for outpatients and in a community or clinical practice setting -see Appendices.
- 2.8 Pharmacists must have a procedure in place for tracking the receipt of test results that have been ordered.
- 2.9 Pharmacists must follow up with test results that are not received within the usual expected time frame.
- 2.10 Test results must be received at the pharmacy in such a manner that it maintains the patient's privacy.
- 2.11 Pharmacists must communicate the results of the test and any recommendations to the patient's practitioner within a reasonable period of time unless the result is a critical value. (See 2.12)

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- 2.11.1 Pharmacists may communicate the results of the test and any recommendations to the patient upon authorization of the practitioner.
- 2.12 All critical values must immediately be assessed by the pharmacist or their designate and the practitioner consulted without delay in accordance with a predetermined protocol in the pharmacy, and, failing that, contact the patient directly and provide the recommendation commensurate to the critical value.
- 2.13 Documentation
- 2.13.1 The pharmacist must document and keep a record of all laboratory test results received and relevant patient information including:
- 2.13.1.1 A copy of the completed laboratory requisition form
  - 2.13.1.2 The result of the test
  - 2.13.1.3 The name of the patient
  - 2.13.1.4 The address and contact information of the patient
  - 2.13.1.5 The name of the pharmacist ordering the test
  - 2.13.1.6 The test ordered
  - 2.13.1.7 The reason for ordering the test
  - 2.13.1.8 Acknowledgement of information and voluntary consent
  - 2.13.1.9 The practitioner to whom the results and the recommendation from the test results was forwarded
  - 2.13.1.10 Any recommendations made or actions taken as a consequence of the results received and the date they occurred
  - 2.13.1.11 The date the pharmacist received authorization to provide the results and/or recommendations to the patient under Section 2.11.1 and any outcome from that discussion
  - 2.13.1.12 The date the test was ordered or recommended
  - 2.13.1.13 The date the results were received
  - 2.13.1.14 The date the results were communicated by the pharmacist to the practitioner responsible for the patient's care
  - 2.13.1.15 Amount being charged to the patient
- 2.14 Documentation is to be recorded in a readily retrievable manner either electronically or in written form.

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## 3.0 Compliance Adjudication

3.1 All documentation must be readily accessible and open to regulatory review

## 4.0 Appendices

### 4.1 SCHEDULE 1 (Section 100)

#### TESTS THAT A MEMBER (Pharmacist) MAY ORDER

Serum drug levels	Complete Blood Count
Serum creatinine	Liver function
Blood Urea Nitrogen	Electrolytes
International Normalized Ratio	Iron Indices
Partial Thromboplastin Time	Vitamin levels
Lipid panel	Total & Direct Bilirubin
HbA1C (glycolated hemoglobin)	Albumin
Blood glucose	Total Protein
Thyroid function	

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*A Practice Direction is a written statement made by Council for the purposes of giving direction to members and owners about the conduct of their practice or pharmacy operations. Compliance with practice directions is required under the Pharmaceutical Act.*

*The process for development, consultation, implementation, appeal and review is been published on the College website.*

Development Source:  
Regulatory Reference:  
Consultation Close:  
Authorized by Council:  
Effective Date:  
Revised:  
Review Due:

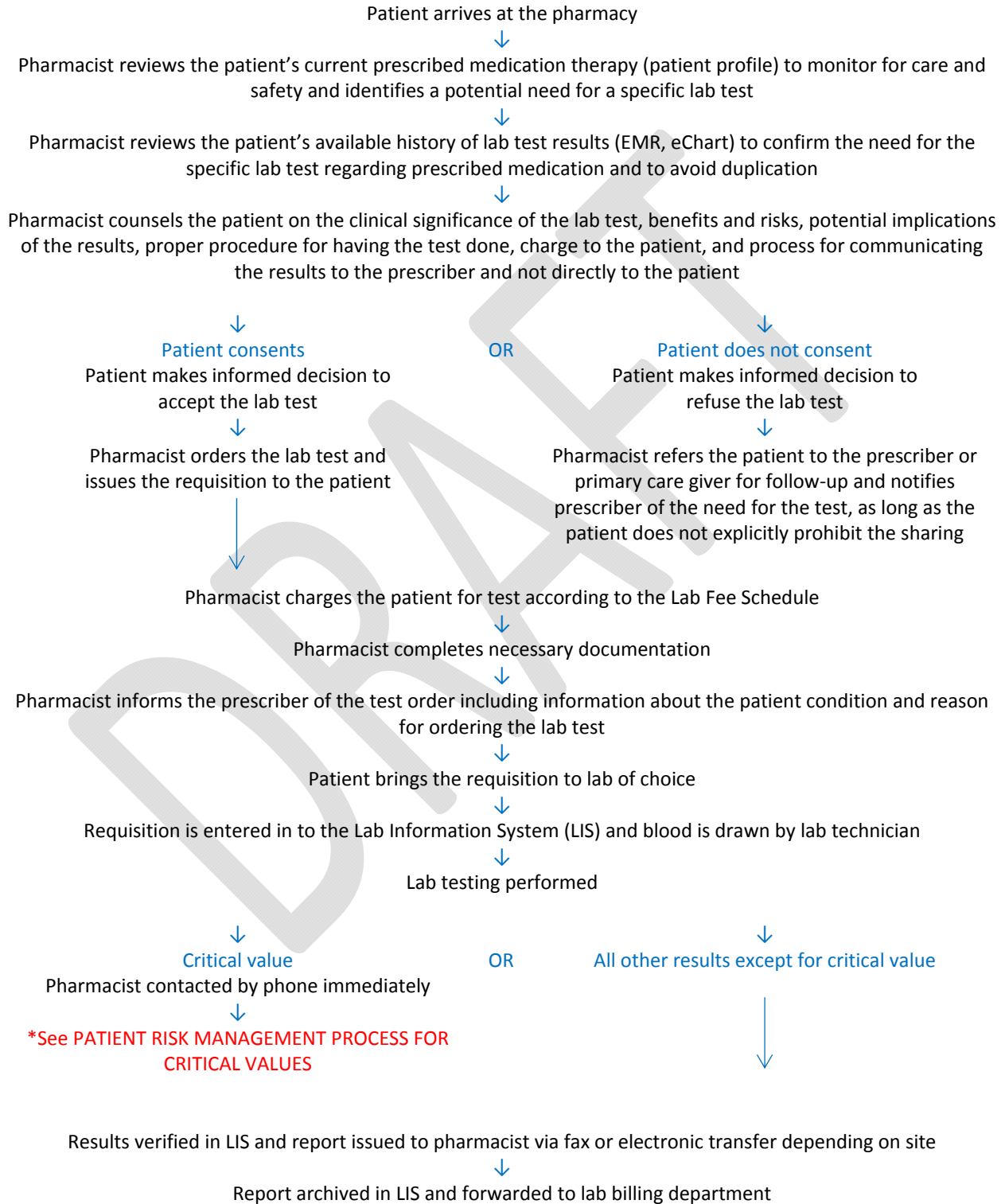
Standards of Practice Committee  
Sec 100 - 106, *The Pharmaceutical Regulations*  
September 17, 2013  
September 30, 2013  
TO BE DETERMINED  
April 17, 2015, September 16, 2015, January 8, 2018

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### Draft Process Map for Test Ordering by Community Pharmacists

#### INFORMATION AND PHYSICAL WORKFLOW



↓  
Pharmacist receives the report or follows up with lab test services if the report is not received in a timely manner

↓  
Pharmacist communicates results and recommendations to the patient's prescriber and can request authorization from the prescriber to release results and recommendations to the patient  
**\*If critical value, see PATIENT RISK MANAGEMENT PROCESS FOR CRITICAL VALUES**

↓  
**Authorization denied**

Pharmacist notifies the patient that results have been sent to the prescriber and advises the patient to follow up with the prescriber

OR

↓  
**Authorization provided**

Pharmacist provides results and recommendations to the patient if the prescriber authorizes/consents

↓  
Pharmacist completes the necessary documentation

↓  
The lab billing department sends an invoice to the pharmacy that ordered the test and the pharmacy pays the lab billing department directly

Note: If the patient does not go for the test or the results have not been received, the pharmacist can call the Dynacare customer service line at 1-800-565-5721 M-F 07:30 to 17:30 to determine if the test was done. If Dynacare does not have a record, the pharmacist should also call Diagnostic Services Manitoba (number to follow) in the event that the patient had their blood drawn at a hospital laboratory.

**\* PATIENT RISK MANAGEMENT PROCESS FOR CRITICAL VALUES**

Pharmacist receives call with a critical value

↓  
The pharmacist or their designate (as outlined in the pharmacy's policy) must immediately assess the result and consult with the prescriber without delay

↓  
**Prescriber unavailable**

If the pharmacist cannot consult with the prescriber, the pharmacist must contact the patient directly and provide the recommendation commensurate to the critical value

↓  
Pharmacist communicates results and recommendations to the patient's prescriber

↓  
Pharmacist completes the necessary documentation

↓  
The lab billing department sends an invoice to the pharmacy that ordered the test and the pharmacy pays the lab billing department directly

OR

↓  
**Prescriber available**

If the pharmacist is able to consult with the prescriber, the two health care professionals agree upon a plan of action and determine who is responsible for contacting and informing the patient of the recommendation

↓  
Patient is contacted by the pharmacist and/or prescriber (as discussed) and informed of the critical value and recommendation

↓  
Pharmacist completes the necessary documentation

↓  
The lab billing department sends an invoice to the pharmacy that ordered the test and the pharmacy pays the lab billing department directly

LOGO HERE	MANITOBA PHARMACIST LABORATORY REQUISITION FORM	Order Date:
PATIENT Information		PHARMACIST Information
Last Name: <small>As per MHSC card</small>		Pharmacist Name:
First Name: <small>As per MHSC card</small>		Billing No.:
PHIN:	MHSC:	Pharmacy Name and Address:
DOB: <small>YYYY / MM / DD</small>	Gender:	City:
	Phone #:	Postal Code:
Address:		Pharmacy Fax No.:
		Phone No.:
City:		Pharmacist's After Hours Contact No. for Critical Results:
Province:	Postal Code:	Pharmacist Signature:
		Pharmacist License #:
DRUGS/TOXICOLOGY		REASON FOR REQUEST:
<input type="checkbox"/> Caffeine <input type="checkbox"/> Carbamazepine <input type="checkbox"/> Cyclosporine <input type="checkbox"/> Digoxin <input type="checkbox"/> Gentamicin <input type="checkbox"/> Lithium <input type="checkbox"/> Methotrexate <input type="checkbox"/> Mycophenolate <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Phenytoin		Note: A pharmacist, with the exception of an extended practice pharmacist, may only order a laboratory test in relation to a drug prescribed to a patient, when the purpose of doing so is to monitor the patient's drug therapy regime to ensure that it is safe and optimal.
HEMATOLOGY/COAGULATION		
<input type="checkbox"/> Sirolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> Theophylline <input type="checkbox"/> Tobramycin <input type="checkbox"/> Valproic Acid <input type="checkbox"/> Vancomycin <input type="checkbox"/> Other (list below):		<input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Chloride <input type="checkbox"/> Total CO <sub>2</sub> <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine <input type="checkbox"/> Magnesium <input type="checkbox"/> Calcium <input type="checkbox"/> Phosphate
Date of Last Dose:	Time of Last Dose:	<input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> Gamma-Glutamyl Transferase <input type="checkbox"/> Albumin
<input type="checkbox"/> CBC <input type="checkbox"/> INR		<input type="checkbox"/> Glucose <input type="checkbox"/> HbA1C <input type="checkbox"/> Vitamin B12
PATIENT INSTRUCTIONS:		CHEMISTRY
		<input type="checkbox"/> Ferritin <input type="checkbox"/> Serum Iron <input type="checkbox"/> TIBC <input type="checkbox"/> TSAT <input type="checkbox"/> Total Protein
For Lab Use Only:		CHEMISTRY
Collection Date:	Number of tubes EDTA   Red Top   SST   Citrate	<input type="checkbox"/> Total Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> HDL <input type="checkbox"/> LDL
Time of Draw:	Initials: <u>Phlebotomy</u> <u>Spec-Pro</u>	<input type="checkbox"/> TSH <input type="checkbox"/> Uric Acid