

Steps to Safer Management of Test Results

A green circle with a white outline, containing the text "STEP 1" in white, uppercase, sans-serif font.

STEP 1

ORDERING OF LABORATORY TESTS

Having a robust practice policy in place in respect of the ordering of tests/further investigations and the management of test results is fundamental to reducing the potential for risks to patient safety/adverse patient outcomes. We have set out below some suggested steps to take, which may assist your practice in developing and implementing a robust policy.

The Medical Council's Guide to Professional Conduct and Ethics, 9th edition, 2024 clearly outlines the professional responsibilities of a doctor concerning continuity of patient care and the ordering and following up of investigations and test results. Paragraph 33.8 states:

“When discharging care to the patient’s GP, the doctor who orders diagnostic tests or investigations must follow up on the results to ensure these investigations have taken place, results are followed up and appropriate action taken, including communication to the GP.”

When ordering laboratory tests, ensure that:

- The tests requested are clearly communicated to the patient and the patient understands why the tests are being ordered, and the specific tests are clearly documented in the patient’s medical records;
- You have the correct contact details for the patient. In general terms, patients should be regularly reminded to update their contact details if any changes, and to ensure that the practice has their correct and current contact details on their file. When minor children reach majority, it is also important that their personal contact details are updated on their medical record.
- The patient clearly understands how their test results will be communicated, and that they are clearly advised if they are expected to contact the practice to receive their results;
- Appropriate consent is obtained from the patient if they will receive communication via SMS text message,

It is advisable to have a system in place to follow up with patients who you are particularly concerned about and who fail to turn up for scheduled blood tests.



STEP 2

OBTAINING A BLOOD SAMPLE

Before obtaining a blood sample from the patient, ensure:

- The patient is informed of what blood tests are being taken and provides appropriate informed consent before proceeding;
 - Where appropriate, specific counselling is provided, in particular for genetic testing and the consequences of a positive result.
- The patient is situated in a suitable location e.g. on an examination couch or sitting in a reclining phlebotomy chair;
- Hand hygiene is performed in line with best practice;
- PPE is in place with proper fit disposable gloves.



STEP 3

ADMINISTRATION OF SAMPLES

- Always check the patient's identity prior to labelling specimens and pathology forms;
- Ensure the requesting clinician's laboratory code is detailed on the pathology form thus enabling the result to be returned to the requesting clinician;
- Specific care should be taken with any handwritten samples and forms to ensure all the details are legible;
- The practice should ensure that they have a robust system in place to record all samples sent to the laboratory for testing, which will ensure a corresponding result is returned to the practice for each sample sent.



STEP 4

TRANSPORT OF SAMPLES TO THE LABORATORY

- Once the sample has been taken and labelled it should be placed in a sealable leak-proof pathology bag and accompanied with the request form in line with local laboratory/ HSE policy;
- Transporting blood products by road in Ireland is governed by the **Health and Safety Authority (HSA)** under the European Agreement Concerning the International Carriage of Dangerous Goods by Road (**ADR**), further details of which can be reviewed on the **HSA's website**;
- Samples should be transported to the laboratory in a rigid leak-proof container which should be clearly labelled with the UN 3373 diamond-shaped bio-hazard label;
- If your practice uses an external courier service, you should ensure compliance with regulations and local guidelines;
- Samples that are collected outside routine collection times should be stored in a separate sample refrigerator if required to do so, while awaiting collection.

STEP 5

MANAGING RESULTS RETURNED TO THE PRACTICE

The practice should ensure it has a clear and reliable system in place for managing all test results returned to the practice, both in paper and electronic format. Currently, most laboratories communicate electronic results via Healthlink.

- The practice should agree on the frequency and responsibility of reviewing communications from the laboratories and downloading returned test results within the practice.
- Once downloaded, they should be work flowed to the requesting clinician on the day of receipt. It is vital that when downloaded, a GP will be responsible for reviewing test results.
- If the practice is contacted directly by the laboratory to communicate an urgent result, the GP who requested that test should be contacted immediately, or a nominated GP in their absence.
- It is important to consider the practice system in place for managing critically abnormal results during out-of-hours. GPs and their staff should be familiar with and ensure compliance with the HSE Laboratory Services Reform Programme Advice Note entitled **Communication of Laboratory Results Likely to Require Urgent Action (2025)**.
- The HSE Advice Note states, “*For critical results, the laboratory user should anticipate that the laboratory may provide additional communication as a support to the laboratory user and requires contact details (as above) to facilitate this additional communication.... An email address for the user is not appropriate as a sole means of contact for additional communication regarding critical results as email inboxes are generally not monitored 24/7.*”

STEP 6

CLINICAL REVIEW OF RESULTS

- All patient results should be reviewed in a timely fashion, ideally by the requesting clinician, and if they are not available, by a nominated person in their absence.
- The practice should consider setting up a “Buddy System” for clinician cover when on leave or absent from the practice.
- As referenced above, “*the doctor who orders diagnostic tests or investigations must follow up on the results to ensure these investigations have taken place, results are followed up and appropriate action taken*” thus the overall clinical governance remains with the requesting clinician.

STEP 7

RESULTS ACTIONED OR FILED

- All test results, both normal and abnormal, should be reviewed by a clinician as discussed above, and actioned in an appropriate timeframe.
- It is important to remember that normal results may require action as well as abnormal.
- All practices should have a pro-active system for contacting patients with results. Patients should be advised not to assume their results are normal if they do not hear anything – “*No news is not necessarily good news*”. As mentioned at Step 1, ensure that the practice retains up to date patient contact details and that patients clearly understand how their results will be communicated and if they are required to contact the practice.
- When communicating results to patients, always ensure that you are speaking with the correct patient. Ask the patient to confirm their name, address, and date of birth and be mindful of the fact that there may be two people with the same name living in the one household; for example, John Murphy Snr and John Murphy Jnr.
- Messaging should be clear and unambiguous, and non-clinical staff should **never** enter into a clinical discussion with a patient about their test results. The staff member should document any queries raised by the patient and pass the details to the GP for consideration and to respond to the patient if necessary.

STEP 8**PATIENT IS MONITORED THROUGH TO FOLLOW-UP**

- Patients should be followed up and communicated with in a timely manner. Any communication regarding follow-up should be documented clearly in the patient's clinical file, including all attempted contact with the patient, thus providing a clear audit trail.
- If the patient requires any repeat/follow up tests, a system should be in place to alert clinicians at the appropriate time, where it is clinically indicated.

Should you have any queries regarding the above, or require specific advice, please do not hesitate to contact Medisec.

The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice.

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October 2026