

**LSUHSC-SHREVEPORT
LABORATORY POLICY AND INFORMATION MANUAL**

Policy 7.8
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**LSUHSC - SHREVEPORT
DEPARTMENT OF PATHOLOGY
CONSULT POLICY**

PURPOSE:

To delineate procedures and policies for effective interaction between physicians and Department of Pathology consultants in ensuring quality patient care.

POLICY:

A request for a consultation shall be noted in the physician's orders or the progress notes.

1. The consultation request form shall be completed by the requesting physician or designee. The form should indicate:
 - The current date and time
 - Two Patient identifiers,
 - LSUHSC hospital or clinic patients/name and medical record number
 - Out Reach clients/name and appropriate identification number
 - Reason for consultation
 - Specimen requirements when applicable
 - Specimen type
 - Date and time of collection
 - Requesting physician or designee's
 - Printed name
 - Signature
 - Beeper or phone number
 - Hospital service (LSUHSC-S patients)
 - Location/Address (Out Reach Services)
 - Other helpful information includes:
 - Relevant Medical History
 - Relevant Family History
 - Current or Significant Therapy
2. The physician (or designee) requesting the consultation shall contact the Department of Pathology service to be consulted.
3. Consult for Apheresis must be completed and received in Transfusion Services prior to beginning a procedure.

Additional information regarding test availability and ordering may be sourced as follows.

-Pathology Testing Information and Policies

www.medcom.lsuhscc-s.edu/cfdocs/policies/Pathology

-Pathology Out Reach Services.

www.sh.lsuhscc.edu/pathology