|             | B.S. Aquino Drive,               | Document Code:      | DPOTMH-E-60-P08   |
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|             |                                  | Effective Date:     | 08-30-2022  |
| Baco Negros |                                  | Document Type:      | Policy  |
|             | Bacolod City, Negros Occidental, | Page Number:        | 1 of 4  |
|             | 6100                             | Department/Section: | Molecular Laboratory  |
|             |                                  | Document Title:     | RECEIVING OF SPECIMEN, SWABBING<br>AND PROCESSING SCHEDULES,<br>RELEASING OF OFFICIAL RT-PCR<br>RESULTS |

## **PURPOSE:**

The purpose of the policy is to provide guidelines to all stakeholders on the receiving of specimen, swabbing and processing schedules and the releasing of RT-PCR results.

## LEVEL:

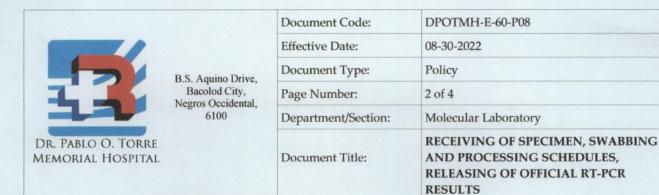
Molecular Laboratory Receptionists/Encoder, Medical Technologists/Analyst, Molecular Pathologists, Attending Physicians, Station Head and Staff Nurses, Special Area Managers/Heads and Staff Nurses, Medical Department Chairpersons.

## **DEFINITION OF TERMS:**

- Receiving of Specimen. This is operationally defined as the actual reception of specimen from the moment it is turned-over or endorsed to the Molecular Laboratory Receptionist for processing.
- Swabbing and Processing Schedule. These refer to the process of taking swab samples and processing them aligned to the established schedules so to guide all stakeholders on the proper timing of requisition, actual swabbing and releasing of results.
- Releasing of Results. This refers to the process of releasing the official RT-PCR results duly signed by the Medical Technologists and the Molecular Pathologists under the official RMCI Logo with QR Codes.

#### POLICY:

1. It is the policy of the Molecular Biology Laboratory that all stakeholders shall abide by the swabbing and processing schedules so to facilitate ease of transactions.



- 2. All swabbing shall be done in an appropriate area at a designated date and time.
- 3. All swabbing procedures and processing of specimens shall abide by the standards set forth by WHO, DOH as reduced into a policy by the RMCI Molecular Biology Laboratory.
- 4. Aligned to the Policy and procedures on Receiving Specimens for SARS-COV-2 Testing, the receiving cut-off time as herein stated shall be observed:
  - 4.1 Monday Sunday: 08:00 o'clock AM Cut Off Time for 1<sup>st</sup> batch & 02:00 o'clock PM Cut Off Time for the 2<sup>nd</sup> batch
  - 4.2 All samples received beyond 02:00 o'clock PM shall be queued for the next day processing.

5. The following swabbing schedules shall be strictly observed:

| PATIENT CATEGORY  | SWABBING SCHEDULES  | EXPECTED RESULT TAT |  |
|---|---|---------------------|--|
| Patients for Surgery (In & Outpatients)   | Shall be swabbed right away after assessment is completed | Within 24 hours     |  |
| In – Patients (General)   | Shall be swabbed right away after assessment is completed | Within 24 hours     |  |
| Out – Patients (General)  | Preferred swabbing schedule                               | 24 – 48 hours       |  |
| STAT Cases ***Specimen shall<br>be considered a priority and<br>shall be included in the<br>soonest available schedule for<br>processing. | Shall be swabbed right away                               | Within 24 hours     |  |



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- Personnel Protective Equipment shall be duly observed by all staff assigned in the swabbing area and the RMCI Molecular Biology Laboratory, including the proper donning and doffing of these PPE's.
- 7. The Protocol on proper swabbing, packaging and transporting swab specimens shall be strictly observed.
- 8. Safety protocols shall be adhered in disposing of these swab specimens.
- 9. Data Privacy Act shall be strictly observed in maintaining the confidentiality of records and in the releasing of results.
- 10. All RT-PCR results shall be with QR Code, in official RMCI Result Template, duly and completely signed by the Medical Technologist/Analyst and the Molecular Pathologist.

## **DOCUMENTATION:**

**New Policy** 

### **DISSEMINATION:**

- 1. Policies and Procedures Manual
- 2. Unit Orientation
- 3. Unit Meeting

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# APPROVAL:

|                              | Name/Title   | Signature    | Date       |
|------------------------------|--|--------------|------------|
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| Verified by:                 | DAVID G. PEDROZA, MD Associate Pathologist   |              | 9/2022     |
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| Recommending<br>Approval by: | ROSARIO D. ABARING, RN, MN, PhD, FPCHA Ancillary Services Division Officer MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA | Relaining to | . 09.02.20 |
| Approvar by.                 | Vice President – Chief Medical Officer   | may          | 9-13-2     |
| Approved by:                 | GENESIS GOLDI D. GOLINGAN President and CEO  | 100          | 9/22/22    |