

## Diagnostic Test Tracking Self-Assessment Tool – SAMPLE

Medical Record Number: \_\_\_\_\_ Date: \_\_\_\_\_

Ordering Clinician Name: \_\_\_\_\_

Test Type: \_\_\_\_\_

Test Order and Review Process	Yes	No	N/A
Order for test in the patient's chart?			
Order date noted?			
Test result in the chart?			
Test receipt date noted?			
Ordering clinician signature or initials?			
Ordering clinician review date noted?			
Interpretation noted (normal, abnormal, need for further testing)?			
<b>Notes:</b>			
Patient Notification Process	Yes	No	N/A
Date patient notified?			
Method of notification documented?			
Patient notified within specified time frame for urgent results and normal results?			
Physician notified patient of abnormal results when an explanation of medical condition was necessary?			
Nurse appropriately notified patient of normal results or abnormal results that do not require an explanation of medical condition?			
Diagnostic report filed in patient chart?			
Treatment plan noted in the medical record?			
Patient followed through with recommended treatment plan (documented in chart)?			
Certified letter sent to patient that could not be reached with abnormal results?			
Receipt and review of ordered test result checked on a daily basis?			
<b>Notes:</b>			

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Updated: October 2018