## Lab Administration Contacts:

Medical Director:	Roberto Vargas, MD	585-922-9870
Vice President Lab Operations:	Matthew Dehmler, BS	585-429-1984
Sr. Director Lab Support Services:	Beth Schroeder , MS	585-922-1097
Analytical Leadership:		
Chemistry:	Thomas Anthony MT, Supervisor	585-429-2308
	Emily Dinardo MT, Supervisor	585-429-1977
	Sherri Profeta MT, Supervisor Nights	585-429-2253
Hematology:	Christopher Sacco MT, Manager	585-429-2215
	Julie Kelly MT, Supervisor	585-429-2217
Microbiology	Ali Sindhu, Sr. Manager	585-429-4017
	Keith Pence MT, Supervisor	585-429-2203
Support Service Leadership:		
Specimen Management	Carol Cornwell, Manager	585-429-2234
Patient Services	Carrie Thering, Manager	585-520-5998
Patient Services, Facilities	Paula Trabold, Manager	585-429-2230
Home Bound Services	Tameka Ball, Manager	585-922-1095
Logistics Dispatch		585-922-1165
Client Services	Amy Pschierer, Supervisor	585-922-1283
Customer Relations	Deborah Buckhout, Manager	585-429-1983
Phlebotomy Education	Colleen Moran, Supervisor	585-967-3119

### **Laboratory Requisitions**

### **Outpatient requisitions** require the following information:

- collection date, time, and identification of who drew the specimen
- patient complete name and birth gender
- date of birth
- address
- phone number
- ordering Physician's code and name
- insurance information
- diagnostic code or narrative diagnosis, signs or symptoms
- test orders/test requests checked or written appropriately with priority
- Fasting OR Non fasting designation.

## **Department Requisition Requirements:**

For Microbiology requisitions:

Specify source/site of culture and culture type requested (aerobic/anaerobic/viral/etc.).

## Patient Identification & Specimen Labeling:

It is the responsibility of the staff collecting the specimen to identify and draw the patient correctly and label the specimen at the point of collection. For Outpatient specimens the collector must ask the patient to state his/her name and his/her birthdate and match that information against the requisition brought in by the patient. ALL samples must be labeled at the patient's bed or chair side immediately after collection and within sight of the patient. Tubes are not to be labeled prior to collecting specimens.

### **Required information on the specimen label:**

- Patient's complete name and date of birth; date and time of collection.
- Multiple specimens on the same patient require all labels to be filled out completely.
- **Urine Containers must be pre-labeled** prior to distributing to the patient for collection. Do not place specimen label on the lid. Affix to the side of the specimen container.

### **BLOOD BANK Labeling Requirements:**

Patient's **complete name** Medical record number Birthdate Date and time of collection Phlebotomist's initials or ID # **Blood bank ID Band number** 

### **CLIENT SERVICE:**

GENERAL INFORMATION LINE 585-922-LABS (5227) Option 3 DIRECT LINE 922-1811

FAX-800-544-0565

Hours of Operation:

MONDAY – FRIDAY	7 AM – 10:30 PM
SATURDAY	8 AM – <b>4:30</b> PM
SUNDAY	8 AM – 4:30 PM

#### PATIENT SERVICE CENTER LOCATIONS: GENERAL PATIENT INFO LINE 585-922-5227 option 7

Rochester Regional Health operates 40 Patient Service Center locations conveniently located to all affiliated hospitals and organizations in the Greater Rochester and Western NY area.

For a full listing of patient service center locations and hours of operation, including weather related closures, please visit our web site at <u>www.rochesterregional.org/laboratory</u>

#### HOME BOUND SERVICES:

OFFICE LINE: 585-922-1160 FAX 585-922-1169

Hours of Operation:

Routine Collections are performed Monday – Friday 8 am – 4 pm

There are no fasting collections.

STAT requests require the prior-approval of the Medical Director or Designee.

#### **MAIN LABORATORY:**

The main laboratory at Elmgrove Park is the home base for our Logistics and Specimen Management operations as well as our Chemistry, Hematology and Microbiology testing departments.

Samples are received for testing 7 days a week with the lab performing all testing Monday – Friday and a limited testing menu on Saturdays and Sundays.

Samples requiring immediate testing during off hours are referred to the laboratory testing facilities at Rochester General Hospital and Unity Hospital.

Samples not performed at Elmgrove Park or an affiliated Rochester Regional Health laboratory are referred to one of our approved reference laboratories, listed below:

Mayo Clinic Laboratories 3050 Superior Drive NW Rochester, MN 55901

ARUP Laboratories 500 Chipeta Way Salt Lake City, UT 84108-1221

Quest diagnostics 14225 Newbrook Dr Chantilly, VA 20151

University of Rochester Pathology and Laboratory Medicine 601 Elmwood Ave Rochester, NY 14642

DrugScan 200 Precision Road Horsham, PA 19044

Illumina 5200 Illumina Way San Diego, CA 92122