

## CRITICAL TEST RESULTS COMMUNICATION LOG

### STAFF NOTIFICATION:

<b>RESULTS/VALUES TO NURSE/RT:</b>			
Patient's Name: _____	Medical Record# _____		
Test: _____			
Ordered Date: _____	Time: _____	Result Date: _____	Time: _____
Critical Test Results: _____			
_____			
Called/Faxed to unit by: _____			
Printed Name/Title of Person receiving the results: _____			
Results read back: <input type="checkbox"/> yes <input type="checkbox"/> no by: _____			
Signature _____			

<b>PHYSICIAN NOTIFICATION:</b>	
Nurse/RT's Printed Name: _____	
Physician Notified: _____	
Date: _____	Time of initial call to notify MD: _____
	Time MD notified of result: _____
Critical Test Result Read Back by the Physician: ( ) yes ( ) no	
_____	
_____	
Signature: _____	
<b><i>This form to be part of the patient's permanent records.</i></b>	

**Note:** (1) If the ordering physician or on-call physician cannot be reached, notify the House Physician and the Clinical Nursing Supervisor of the shift.

(2) In the event that a follow-up order is generated, the Verbal and Telephone Order Policy must be followed.

*\*Original form to be placed in the lab section of the patient's chart. Copy to be placed in the lab notebook.*



Patient Information