


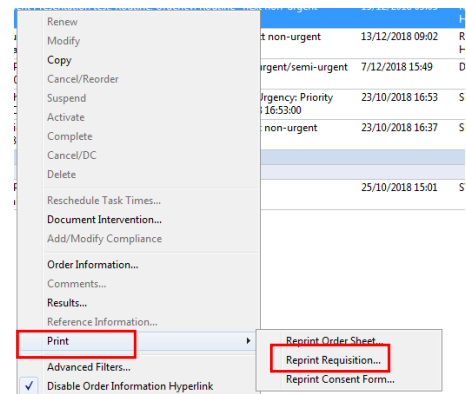


EMR Quick Reference Guide

Downtime - Pathology Integration Downtime – How to Order when system is down

1. Navigate to Orders on the Table of Contents and click +Add to request an investigation.
2. Search for the test(s) you wish to order.
3. Complete the mandatory information, click 'Sign' and enter password.
4. Refresh the screen.  0 minutes ago
5. Right click on the order you have just placed, select 'Print' then 'Reprint Requisition'.

During an integration downtime, orders placed on the EMR will not necessarily reach the lab. Clinicians will therefore need to print a slip to send down. However it is important this is still done via the EMR so the order is queued appropriately, and to prevent duplicating investigations.



6. Sign/date 'Requesting Medical Officer'. The form can then be sent to Pathology via fax/chute.

PATHOLOGY REQUEST PH (03) 9244 0472

Western Health
 Fitzroy Hospital, Geelong St, Geelong
 Sandstone Hospital - Young Street, St Albans
 Werribee Hospital - Sheppards St, Werribee
 Ballarat Hospital - Railway Crescents, Ballarat

Hospital: WHS Fitzroy Hospital
 Address: 180 Gordon St #11
 Pathology: ****Reprint****

Visit No: CPE9887959
 Patient: Turb, Surgical Unit 185
 DOB: 15/08/1972 Age: 46 Years Sex: M Location: F UROLOGY
 Address: 180 Gordon St Fitzroy Vic 3011 Australia (inc External Territories)
 Medicare No: 2089507861
 Requesting Dr: Lajo, Jack - REGMD Health Func: Request Due to be Performed: 20/08/2018 11:42
 Prescriber No: 5801227 Fasting: NO Electronically signed: Lajo, Jack - REGMD

Clinical Information:
 CPC

Copy Results to:
 Accession No: 03-18-230-14024
 Prostate Specific Antigen Order ID: 50031435 Collection Priority: Routine. Specimen type: Blood. Collected: No

Urea, Electrolytes and Creatinine Order ID: 50031435 Collection Priority: Routine. Specimen type: Blood. Collected: No

Accession No: 03-18-230-14038
 Full Blood Count Order ID: 50031435 Collection Priority: Routine. Specimen type: Blood. Collected: No

Collector's Declaration: I certify that the specimen(s) collection type is correct and consent has been obtained for the collection of the specimen by this form and that the specimen is suitable for the intended use of the test(s) ordered. I certify that the specimen is suitable for the intended use of the test(s) ordered.

Lab Test	Signature	Initials	Collection Date	Collector's No.
PSA				
Urea				
Electrolytes				
Creatinine				
FBC				

Requesting Medical Officer: Lajo, Jack - REGMD
 For External Provider: Requesting Medical Officer Signature: _____ Date: _____

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