	DOCUMENT NAME	DOCUMENT NUMBER
	DOCUMENTATION OF DIAGNOSTIC INVERSTIGATION RESULTS	

VERSION	**1**	
COMPILED BY		**DATE**
AUTHORIZED BY		**07/2025**
NEXT REVISION DATE		**07/2027**

1. PURPOSE & SCOPE

To ensure that all diagnostic investigation results (e.g., lab, radiology, sonar, ECG) are accurately documented and securely stored in the correct user health record.
Applies to all clinical and administrative personnel involved in the management, handling, and filing of diagnostic investigation results.

2. RESPONSIBILITIES

Job description of person responsible	Duties

3. PROCEDURE

Every diagnostic result must:

- Be matched with the correct user record.
- Be clearly dated.
- Be signed or acknowledged by the reviewing healthcare provider.
- Reflect follow-up actions or interpretation where applicable.

a. Receiving Results

- Results may arrive electronically, via secure email/fax, or in printed form.
- The responsible staff member verifies:
    - Patient full name
    - Unique file/registration number
    - Date and type of test

b. Filing Results

- **Paper records:** Results must be attached to the user's health record using a designated results section.
- **Electronic systems:** Scan and upload to the correct user profile immediately.
- File by **date of result** and **type of test** if applicable.

c. Review by Provider

- The treating provider must review the results and:
  - Sign or initial and date the result.
  - Document interpretation if applicable.
  - Record any action taken (e.g., change in treatment, follow-up referral).

d. Follow-Up

- If results require urgent or non-routine follow-up, the provider must note:
  - Contact with the user.
  - Details of follow-up plan.
  - Additional diagnostic steps if needed.

e. Confidentiality

- All diagnostic results are considered confidential.
- Access is restricted to authorized personnel.
- Results must not be left unattended on desks, printers, or in public areas.

f. Audit and Compliance

- Monthly spot checks on a sample of 3–5 user records.
- Audit criteria:
  - Presence of results
  - Match to the correct patient
  - Review acknowledgment by provider
  - Action/follow-up documented if required

g. Training

- All staff must be trained on this SOP upon induction.
- Annual refresher training is mandatory.

4. INTERNAL SUPPORTING DOCUMENTATION

Document	Number	Retention period	Location

5. ATTACHMENT

Receipt Acknowledgement for this SOP

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I have read and been informed about the content, requirements, and expectations of this policy for this practice. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or my Human Resources staff members. Please read the policy/procedure carefully to ensure that you understand the policy/procedure before signing this document.

Employee Signature	Employee Printed Name	DATE	Employee Signature	Employee Printed Name	DATE