



A collaboration among the University of Minnesota, University of Minnesota Physicians and Fairview Health Services

M Health Fairview Reference Laboratories (MRL)

Improved Dermatopathology [LAB7031] Label Workflow Coming May 13, 2025

When: May 13, 2025

Why: Present state, one label prints during a Dermatopathology order [LAB7031] regardless of how many specimens are collected from the patient. An improved feature will allow for multiple specimen labels to print for multiple specimens collected from patient.

Details: Once live, the number of specimen labels that print will be determined by the total number of specimen source/type questions answered by client. For example, if adding a specimen source for A, B, and C questions on the test, three labels will print with specimen sources now listed on the label. **IMPORTANT:** please ensure to accurately match each label to the correct specimen source collected.

The final outcome for requisitions and labels will look as follows:

<p>1042990682 03/31/2025 13:29 EPICT,ST,ALEX DE... 123000681 77240070 08/08/1988 F</p> <p>MRL000900870A TestDerm Surg 967784204-A STERILE CONTAINER-PATHO...: Arm, Left R/m</p> <p>1042990682 03/31/2025 13:29 EPICT,ST,ALEX DE... 123000681 77240070 08/08/1988 F</p> <p>MRL000900870B TestDerm Surg 967784204-A STERILE CONTAINER-PATHO...: Finger, Left R/m</p> <p>1042990682 03/31/2025 13:29 EPICT,ST,ALEX DE... 123000681 77240070 08/08/1988 F</p> <p>MRL000900870C TestDerm Surg 967784204-A STERILE CONTAINER-PATHO...: Fourth Finger, Left R/m</p>	<table border="1"> <tr> <th>Client</th> <th>Order</th> <th></th> </tr> <tr> <td>Account #: Location ID: 123000681 Name: Alomere Health Address: 111 17th Ave E Alexandria, MN 56300</td> <td>Order #: 9422 Billing Type: Patient Ordered: 03/31/2025 00:00 Estm Order #: 9480 Lab Order #: MRL000900870</td> <td></td> </tr> <tr> <th colspan="3">Notes</th> </tr> <tr> <td colspan="3">Specimen Type: Skin SRC_DERM: Skin QUE_SRCB: Skin QUE_DESTB: Finger, Left QUE_SRCO: Nail QUE_DESTC: Fourth Finger, Left 2nd Spec - Time placed in Formalin: 1327</td> </tr> <tr> <th>Specimens</th> <th>Temperature</th> <th>Diagnosis Codes</th> </tr> <tr> <td>Skin</td> <td>Room Temperature</td> <td></td> </tr> <tr> <td>1042990682_967784204-A: LAB7031 MRL000900870A: Arm, Left</td> <td></td> <td>L82.1</td> </tr> <tr> <td>Clinical history: Rash Collection date(mm/dd/yyyy): 03/31/2025 Description of specimen A: Arm, Left Type of specimen A: Skin Comment:</td> <td>Collection time: 13:29 Time placed in formalin: 1327</td> <td></td> </tr> <tr> <td>Skin</td> <td>Room Temperature</td> <td></td> </tr> <tr> <td>1042990682_967784204-A: LAB7031 MRL000900870B: Finger, Left</td> <td></td> <td>L82.1</td> </tr> <tr> <td>Skin</td> <td>Room Temperature</td> <td></td> </tr> <tr> <td>1042990682_967784204-A: LAB7031 MRL000900870C: Fourth Finger, Left</td> <td></td> <td>L82.1</td> </tr> </table>	Client	Order		Account #: Location ID: 123000681 Name: Alomere Health Address: 111 17th Ave E Alexandria, MN 56300	Order #: 9422 Billing Type: Patient Ordered: 03/31/2025 00:00 Estm Order #: 9480 Lab Order #: MRL000900870		Notes			Specimen Type: Skin SRC_DERM: Skin QUE_SRCB: Skin QUE_DESTB: Finger, Left QUE_SRCO: Nail QUE_DESTC: Fourth Finger, Left 2nd Spec - Time placed in Formalin: 1327			Specimens	Temperature	Diagnosis Codes	Skin	Room Temperature		1042990682_967784204-A: LAB7031 MRL000900870A: Arm, Left		L82.1	Clinical history: Rash Collection date(mm/dd/yyyy): 03/31/2025 Description of specimen A: Arm, Left Type of specimen A: Skin Comment:	Collection time: 13:29 Time placed in formalin: 1327		Skin	Room Temperature		1042990682_967784204-A: LAB7031 MRL000900870B: Finger, Left		L82.1	Skin	Room Temperature		1042990682_967784204-A: LAB7031 MRL000900870C: Fourth Finger, Left		L82.1
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Next Steps:

1. Confirm that the test code build in place in your EHR matches [Dermatopathology Exam LAB7031 Test Directory](#).
2. If a Test environment connection is available in your EHR, MRL encourages sending a test order for validation prior to go-live and notifying DEPT-LAB-CLIENT-INTERFACE@fairview.org of the test order request.
3. Please review and educate staff placing orders on proper labeling requirements for Dermatopathology specimens:

Source of specimen A-L: Collection location **AND** laterality must be listed for each source. Example: Arm, Right.

Type of specimen A-L: Cyst, hair, nail, or skin are the only acceptable specimen types for dermatopathology orders.

Description of specimen A-L: Additional specimen information such as "Right medial mid back, right lateral lower back, right superior shoulder, right sternum".

Questions or issue post go-live? Contact the MRL Laboratory Solution Center to place an incident:

651-232-3500 | dept-midway-lsc-client-support@fairview.org.

mhealthfairview.org

