

ENGLISH FOR WORK / ENGLISH FOR MEDICAL LABORATORY AND SPECIMEN-SUPPORT TEAMS

Medical Laboratory Technicians **English**

Clear records. Confirmed messages.



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Eight practical lessons. Eleven extended conversations.

Vocabulary, phrase banks, guided speaking, and explained answers.

Revised 2026 edition / Upper-intermediate to advanced

Your route through the book

01 Accessioning and unambiguous identifiers, page 4

Resolve an accession-reference mismatch through the approved verification route without guessing identity or disclosing an unverified case.

02 Specimen suitability and recollection language, page 14

Explain a documented specimen-quantity problem and relay a recollection request without inventing a collection method or clinical interpretation.

03 Quality-control status and reportable results, page 26

Explain the difference between completed analysis, unresolved quality review, and authorized reporting without supplying unsanctioned results.

04 Reagents, instruments, and service coordination, page 36

Request a documented instrument-status decision and distinguish service attendance from authorized return to use.

05 Turnaround times and realistic updates, page 48

Clarify a turnaround-time starting point and distinguish a quoted interval from a confirmed reporting promise during a backlog.

06 Preliminary, final, and amended reports, page 58

Withdraw an inaccurate report-status statement and identify the superseding final version without inventing changed findings or an amendment.

07 Critical notifications and acknowledged handoffs, page 70

Deliver and correct a critical-result message with an exact value, unit, complete read-back, and confirmed receipt.

08 Referral laboratories and outstanding work, page 80

Distinguish courier delivery from referral acceptance and transfer a pending enquiry with explicit ownership and an update commitment.

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Suggested study range: B2-C1. This is an editorial study range, not a certified proficiency assessment.

Preserve the distinction that matters.

Laboratory language links records, people, and decisions. Similar accession numbers are not a verified match. An instrument finishing is not permission to release results. A delivered parcel is not proof that a referral laboratory accepted the individual specimen.

Verify before linking records

Read the reference precisely and follow the laboratory verification process before connecting a caller to case information. Do not correct an identifier by guessing which similar number was intended. Keep an unresolved mismatch explicit.

"I need to verify the requested case before discussing its status."

State operational status without diagnosis

Insufficient quantity concerns the specimen available for testing, not a low patient result. Quality review pending describes release status, not a clinical conclusion. Use the documented message and refer missing technical or clinical questions to the authorized role.

"The lead documented insufficient quantity for Q6 and requested recollection through the clinic."

Correct and confirm the whole message

When a spoken number is repeated incorrectly, interrupt the error clearly, restate the correct value with its unit, request the complete read-back, and confirm accuracy. Receipt and understanding must not be inferred from silence or a vague acknowledgment.

"Correction: six point four millimoles per liter, not six point one. Please read back the complete result."

Hand over ownership, not just a note

A pending referral enquiry needs a named recipient, the exact unresolved question, and the agreed update time. Distinguish parcel delivery from accession acceptance and an update commitment from a result promise.

"Eli has accepted the X8 enquiry and the fifteen-hundred clinic update; no result date is confirmed."

Professional boundaries

All cases and local procedures are fictional. This is English practice, not medical advice or laboratory operating instruction. Follow applicable privacy rules, validated procedures, professional scope, and authorized escalation. No exercise authorizes specimen collection, testing, instrument operation, result release, diagnosis, or treatment. The critical designation in Unit 7 belongs only to fictional Lumen; it is not a universal threshold. Patient identity and recipient authority must be verified through actual local arrangements.

A Read the situation

LESSON 01 / ACCESSIONING AND UNAMBIGUOUS IDENTIFIERS

Resolve an accession-reference mismatch through the approved verification route without guessing identity or disclosing an unverified case.

A314 in the log, A341 in the request

The receiving log lists accession A314. Clinic caller Mira asks technician Noor about A341. No identity match between the request and the logged case has been established. Noor can check the accession log, but Mira must identify the requested case through the laboratory's privacy and verification arrangements. Similar digits do not establish a transcription error or authorize disclosure. The discussion ends with verification still required, not with a claimed case match.

People: Noor, Laboratory technician; Mira, Clinic caller.

Read the record

Choose one answer per question using the facts above.

1. Which accession appears in the receiving log?

- A.** X8
- B.** A314
- C.** A341
- D.** Q6

2. Which reference does the caller request?

- A.** H2
- B.** T5
- C.** A341
- D.** A314

3. What has been established about identity?

- A.** No match has been established
- B.** Both references definitely identify one patient
- C.** The clinic made a confirmed typo
- D.** Disclosure is automatically authorized

[Answers and explanations, page 107](#)

B Vocabulary in use

CORE TERMS

accession

Laboratory registration of a specimen or request under its identifier.

check the accession

accession log

Record of registered laboratory items.

consult the accession log

requisition

Request document specifying laboratory testing information.

review the requisition

specimen identifier

Reference linking a specimen to its record.

confirm the specimen identifier

identifier mismatch

Difference between references that should be reconciled.

report an identifier mismatch

transcription error

Mistake made while copying information.

investigate a transcription error

accession number

Reference assigned to a registered laboratory case or specimen.

read the accession number

receiving log

Record of items received by the laboratory.

check the receiving log

patient identifier

Detail used under the approved process to identify a patient.

verify patient identifiers

case match

Established link between a request and the correct case.

establish the case match

transposed digits

Digits whose positions have been exchanged.

avoid assuming transposed digits

verification

Check establishing required information under the applicable process.

complete verification

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

accession **ACCESSION**

check the accession

Keep the meaning precise: Laboratory registration of a specimen or request under its identifier.

patient identifier **PATIENT IDENTIFIER**

verify patient identifiers

Keep the meaning precise: Detail used under the approved process to identify a patient.

B Precision and professional shorthand

EXTEND YOUR RANGE

caller identity

Identity of the person making an enquiry.
verify caller identity

confidentiality

Protection of information from unauthorized disclosure.
maintain confidentiality

minimum necessary information

Information limited to what the applicable purpose and rules require.
limit information sharing

laboratory information system

System managing laboratory records; abbreviated LIS.
consult the LIS

source record

Original or authoritative record for the fact being checked.
consult the source record

clarification request

Question seeking missing or inconsistent information.
raise a clarification request

receiving authority

Permission for a person to receive particular information.
verify receiving authority

disclosure

Sharing information with a recipient.
authorize disclosure

secure channel

Approved communication route with relevant protection.
use a secure channel

audit trail

Record showing actions and changes over time.
preserve the audit trail

unverified reference

Identifier not yet matched through the required checks.
retain the unverified reference

identity resolution

Process of reconciling identifiers to the correct case.
complete identity resolution

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

verification VERIFICATION

complete verification

Keep the meaning precise: Check establishing required information under the applicable process.

minimum necessary information MINIMUM NECESSARY INFORMATION

limit information sharing

Keep the meaning precise: Information limited to what the applicable purpose and rules require.

Phrases that move the work forward

Repeat the request

You are asking about A341.

State the limit

I have not established a verified case match.

Name the next step

We need to follow the laboratory's verification process.

Request the approved route

Please use the required verification channel.

Consult the record

I can check the accession log.

Keep the enquiry traceable

I will retain the reference exactly as supplied.

Avoid a result claim

No case-specific status has been confirmed in this exchange.

Preserve uncertainty

The reference remains unverified.

Read it clearly

That is A, three, four, one.

Avoid guessing

I cannot assume a digit transposition.

Protect other records

I cannot discuss another case as a possible match.

Separate checks

Caller identity and receiving authority both need the applicable checks.

Avoid automatic correction

I will not change the reference to make it fit.

Explain the purpose

This helps ensure we discuss the correct case.

Request clarification

Please confirm the requested case through the approved arrangements.

Close precisely

Verification is still required before case details can be discussed.

Precision in real exchanges

Purpose: Avoid guessing

Useful wording: I cannot assume a digit transposition.

Purpose: Name the next step

Useful wording: We need to follow the laboratory's verification process.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which response is appropriate before verification?

- A.** I will change the log to A341
- B.** You asked about A341; please complete the required case verification
- C.** I found A314, so I will give you its details
- D.** The digits look similar, so this is the same patient

2. What does the digit resemblance establish?

- A.** A final result for A341
- B.** A possible mismatch requiring checking, not identity
- C.** A confirmed typo by the clinic
- D.** Automatic disclosure permission

3. A colleague needs the term for this meaning: Record of items received by the laboratory. Which term fits?

- A.** identifier mismatch
- B.** confidentiality
- C.** source record
- D.** receiving log

D Choose the response that fits / continued

4. Rebuild the exchange from "A314 in the log, A341 in the request". Mira: "If you can search the log, why can't we just use the closest number and confirm it afterward?" Noor: [missing response] Mira: "Understood. I'll keep our request separate until the required checks link it to the right case." Which response belongs in the gap?

- A.** You are asking about A, three, four, one. I need to complete the required verification before discussing case details, and I have not established a match yet.
- B.** I can consult the accession log. That does not replace the case and recipient checks required by our process, and I cannot offer another case as a likely answer.
- C.** That is helpful. A possible transcription error should be checked against the appropriate source rather than assumed. I will retain the number you actually supplied.
- D.** Yes, use the approved secure channel and provide the information that process requires. We should not improvise a different identity check during this call.

[Answers and explanations, page 107](#)

One useful distinction

A314 and A341 contain the same digits in a different order, but that resemblance does not prove they represent the same case. The log entry and caller request must remain distinct until the required verification establishes a match.

E Conversation

A314 in the log, A341 in the request

A314 in the log, A341 in the request

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

verification / secure channel / Confidentiality / source record / audit trail /
transcription error / Receiving authority / case match / accession log / unverified reference

- 01 **Mira:** I have A341 on our request. Could you check the case status? I'm calling from the clinic.
- 02 **Noor:** You are asking about A, three, four, one. I need to complete the required
1 _____ before discussing case details, and I have not established a match yet.
- 03 **Mira:** I may have transposed two digits. Could you tell me which other reference looks closest?
- 04 **Noor:** That is helpful. A possible 2 _____ should be checked against the appropriate source rather than assumed. I will retain the number you actually supplied.
- 05 **Mira:** If you can search the log, why can't we just use the closest number and confirm it afterward?
- 06 **Noor:** I can consult the 3 _____. That does not replace the case and recipient checks required by our process, and I cannot offer another case as a likely answer.
- 07 **Mira:** Understood. I'll keep our request separate until the required checks link it to the right case.
- 08 **Noor:** Exactly. The 4 _____ remains unresolved. Similar digits are not enough to link records or authorize a case-specific status update.
- 09 **Mira:** I can use the usual protected verification route. Should I send the details through that process rather than this enquiry?
- 10 **Noor:** Yes, use the approved 5 _____ and provide the information that process requires. We should not improvise a different identity check during this call.

Conversation continues on the next page.

A314 in the log, A341 in the request

CONVERSATION / CONTINUED

- 11 **Mira:** I'll check the original requisition. A number I remember from another call may not be reliable.
- 12 **Noor:** The ⁶ _____ is the right place to confirm what was requested. Please keep any correction traceable through the established arrangements.
- 13 **Mira:** Our clinic name is on the request. Does that also establish my authority to receive this particular information?
- 14 **Noor:** Correct. ⁷ _____ needs the applicable check as well. We should keep the correct case and the permitted recipient clear before sharing its status.
- 15 **Mira:** I'll note that I asked about A341 and that verification is still required. I won't write case confirmed.
- 16 **Noor:** That preserves the ⁸ _____. It also avoids turning a search or clarification conversation into evidence of a completed identity resolution.
- 17 **Mira:** If our source shows a correction, I'll send it through the established route. I won't silently replace the number in the enquiry.
- 18 **Noor:** Thank you. That supports the ⁹ _____ without changing records simply to make two numbers agree.
- 19 **Mira:** I'll complete those checks next. For now, I have no case-specific result or status from you.
- 20 **Noor:** Agreed. ¹⁰ _____ remains important throughout that process. I can assist with the enquiry once the required checks establish the correct case and authorized recipient.

CHECK THE GAPS

1. verification / 2. transcription error / 3. accession log / 4. case match / 5. secure channel / 6. source record / 7. Receiving authority / 8. unverified reference / 9. audit trail / 10. Confidentiality

[Why these answers fit, page 108](#)

F Check accuracy and scope

A314 in the log, A341 in the request

Return to the case

The receiving log lists accession A314. Clinic caller Mira asks technician Noor about A341. No identity match between the request and the logged case has been established. Noor can check the accession log, but Mira must identify the requested case through the laboratory's privacy and verification arrangements. Similar digits do not establish a transcription error or authorize disclosure. The discussion ends with verification still required, not with a claimed case match.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which action preserves traceability?

- A. Keep the supplied reference and document the unresolved enquiry
- B. Replace the caller's number silently
- C. Delete the enquiry because it is inconvenient
- D. Combine both cases without review

2. Which final status is accurate?

- A. A341 is confirmed absent from every system
- B. Identity verification remains required
- C. The case match is complete
- D. The other accession has been disclosed appropriately

[Answers and explanations, page 110](#)

Listen for the distinction

Switch roles. Repeat the lines that require case verification and receiving authority before disclosure; retain the supplied request unchanged.

Slow down the identifier, not the standard

A caller may expect a quick answer because a reference looks nearly right. Be helpful by naming the verification step and repeating the supplied reference precisely. Do not offer another case as a likely match or let conversational confidence replace privacy checks.

F Say it / transfer to a new case

Read the reference without guessing

Complete the internal training summary. These record references are not authorization to disclose a real case.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

unverified / A314 / A341 / process

- 01 **Technician:** The receiving log lists ¹ _____.
- 02 **Caller:** The requested reference is ² _____.
- 03 **Technician:** The case match remains ³ _____.
- 04 **Caller:** I will follow the approved verification ⁴ _____.

CHECK THE GAPS

1. A314 / 2. A341 / 3. unverified / 4. process

[Why these answers fit, page 110](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "A314 in the log, A341 in the request". Mira: "Our clinic name is on the request. Does that also establish my authority to receive this particular information?" Noor: [missing response] Mira: "I'll note that I asked about A341 and that verification is still required. I won't write case confirmed." Which response belongs in the gap?

- A.** Agreed. Confidentiality remains important throughout that process. I can assist with the enquiry once the required checks establish the correct case and authorized recipient.
- B.** That is helpful. A possible transcription error should be checked against the appropriate source rather than assumed. I will retain the number you actually supplied.
- C.** Yes, use the approved secure channel and provide the information that process requires. We should not improvise a different identity check during this call.
- D.** Correct. Receiving authority needs the applicable check as well. We should keep the correct case and the permitted recipient clear before sharing its status.

[Answers and explanations, page 111](#)

A Read the situation

LESSON 02 / SPECIMEN SUITABILITY AND RECOLLECTION LANGUAGE

Explain a documented specimen-quantity problem and relay a recollection request without inventing a collection method or clinical interpretation.

Insufficient quantity is not a low patient result

The laboratory lead has documented insufficient quantity for test request Q6 and requested recollection through the clinic. No cause, collection method, or urgency is supplied. Clinic coordinator Alex thinks insufficient quantity means the patient has a low test result. Technician Noor corrects that misunderstanding and relays only the documented operational message. Further collection or urgency questions need the appropriate authorized guidance, not a guessed instruction.

People: Noor, Laboratory technician; Alex, Clinic coordinator.

Read the record

Choose one answer per question using the facts above.

1. What does the lead document for Q6?

- A.** Insufficient specimen quantity
- B.** A low patient test result
- C.** A confirmed diagnosis
- D.** A documented collection error

2. What action has the lead requested?

- A.** Release of a numerical result
- B.** Recollection through the clinic
- C.** Immediate treatment
- D.** A specific unsupplied collection method

3. Which detail is not supplied?

- A.** The quantity issue
- B.** The lead's recollection request
- C.** Collection method
- D.** Test-request reference Q6

[Answers and explanations, page 112](#)

B Vocabulary in use

CORE TERMS

specimen

Material submitted for laboratory examination.

identify the specimen

insufficient quantity

Available amount below what the requested test requires here.

document insufficient quantity

recollection

Obtaining another specimen under the applicable instructions.

request recollection

specimen volume

Amount of submitted material.

distinguish specimen volume

measured concentration

Reported amount of an analyte relative to a unit quantity.

distinguish measured concentration

collection method

Approved way the required specimen is obtained.

confirm the collection method

specimen suitability

Whether the submitted material meets the relevant test requirements.

assess specimen suitability

quantity not sufficient

Common laboratory expression for insufficient material; abbreviated QNS.

clarify a QNS message

test request

Order identifying the examination being requested.

quote the test request

analyte

Substance or property being measured by a test.

name the analyte

patient result

Reported finding from the patient's test.

avoid inventing a patient result

collection container

Receptacle specified for a specimen under the relevant procedure.

verify the collection container

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

specimen SPECIMEN

identify the specimen

Keep the meaning precise: Material submitted for laboratory examination.

test request TEST REQUEST

quote the test request

Keep the meaning precise: Order identifying the examination being requested.

B Precision and professional shorthand

EXTEND YOUR RANGE

specimen requirement

Condition the submitted material must meet for a test.

consult specimen requirements

preanalytical phase

Work before the analytical measurement, including specimen handling.

discuss a preanalytical issue

hemolysis

Breakdown of red blood cells that can affect specimen assessment.

report documented hemolysis

contamination

Unwanted material introduced into a specimen.

investigate documented contamination

transport condition

Required condition during specimen movement.

confirm transport conditions

clinical interpretation

Explanation of a result's meaning for patient care.

refer clinical interpretation

rejection reason

Documented reason a specimen cannot be accepted for the requested work.

relay the rejection reason

aliquot

Portion separated from a specimen for a defined purpose.

identify an aliquot

clotted specimen

Specimen containing clotting where relevant to suitability.

describe a documented clotted specimen

stability

Ability of a specimen or analyte to remain suitable under defined conditions.

check stability requirements

recollection request

Documented request for another specimen.

relay the recollection request

authorized guidance

Instructions from the role or procedure permitted to provide them.

obtain authorized guidance

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

collection container COLLECTION CONTAINER

verify the collection container

Keep the meaning precise: Receptacle specified for a specimen under the relevant procedure.

hemolysis HEMOLYSIS

report documented hemolysis

Keep the meaning precise: Breakdown of red blood cells that can affect specimen assessment.

Phrases that move the work forward

Identify the request

This message concerns test request Q6.

Explain the term

It refers to the amount of specimen available for testing.

Avoid inventing a value

No patient result is supplied in this message.

Keep cause separate

The cause is not documented here.

Name missing instructions

No collection method is included in this message.

Keep urgency separate

No urgency classification is supplied here.

Preserve the wording

Please retain insufficient quantity in the record.

Limit the handoff

I am relaying the documented request, not giving a diagnosis.

Attribute the finding

The laboratory lead documented insufficient quantity.

Correct the misunderstanding

It does not mean the patient has a low result.

Relay the action

The lead requested recollection through the clinic.

Avoid blame

I cannot attribute this to a collection error.

Seek the right guidance

Please obtain the applicable authorized collection instructions.

Avoid a timing promise

I cannot confirm a new report time from this message.

Check understanding

Are we clear that this is a specimen-amount issue?

Close accurately

Q6 needs recollection through the clinic under the appropriate guidance.

Precision in real exchanges

Purpose: Correct the misunderstanding

Useful wording: It does not mean the patient has a low result.

Purpose: Avoid inventing a value

Useful wording: No patient result is supplied in this message.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which explanation is accurate?

- A.** The test confirms a diagnosis
- B.** There is insufficient specimen quantity for Q6, not a low patient result
- C.** The patient has a low concentration
- D.** The clinic definitely collected incorrectly

2. Which action is documented?

- A.** Emergency treatment
- B.** Release of an invented value
- C.** Recollection through the clinic
- D.** A specific unsupplied collection technique

3. A colleague needs the term for this meaning: Common laboratory expression for insufficient material; abbreviated QNS. Which term fits?

- A.** quantity not sufficient
- B.** preanalytical phase
- C.** measured concentration
- D.** transport condition

D Choose the response that fits / continued

4. Rebuild the exchange from "Insufficient quantity is not a low patient result". Alex: "The result field is blank. Should I enter zero until the replacement specimen arrives?" Noor: [missing response] Alex: "Understood. The action is to obtain another specimen. Can you confirm that is actually what the lead requested?" Which response belongs in the gap?

- A.** Keep test request Q6 in the note. The quantity message and the requested follow-up both belong to that request.
- B.** No. No patient result is supplied. A blank result field does not mean the measured value is zero.
- C.** Obtain the applicable authorized guidance through the actual escalation arrangements. Don't assign a clinical urgency from the quantity wording alone.
- D.** That preserves the recollection request. It also removes the unsupported low-result statement without replacing it with a guessed cause.

[Answers and explanations, page 112](#)

One useful distinction

Insufficient quantity refers to specimen amount for Q6. It is not a numerical test result and does not mean the patient's measured concentration is low. Do not substitute a clinical conclusion for an operational suitability message.

E Conversation

Insufficient quantity is not a low patient result

Insufficient quantity is not a low patient result

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

authorized guidance / specimen volume / patient result / preanalytical phase /
rejection reason / recollection / specimen requirement / recollection request / test request
/ clinical interpretation

- 01 **Alex:** I'm updating the clinic's Q6 note. It says insufficient quantity. Should I tell the clinician the patient's result is low?
- 02 **Noor:** No. It refers to ¹ _____, not the patient's concentration. The lead documented too little material for the requested test and asked for recollection through the clinic.
- 03 **Alex:** I'll remove low result. Which reference should stay with the message so the team links it to the right order?
- 04 **Noor:** Keep ² _____ Q6 in the note. The quantity message and the requested follow-up both belong to that request.
- 05 **Alex:** The result field is blank. Should I enter zero until the replacement specimen arrives?
- 06 **Noor:** No. No ³ _____ is supplied. A blank result field does not mean the measured value is zero.
- 07 **Alex:** Understood. The action is to obtain another specimen. Can you confirm that is actually what the lead requested?
- 08 **Noor:** Yes, the documented request is ⁴ _____ through the clinic. That is the action supplied, not an instruction to use a particular collection method.
- 09 **Alex:** Someone has suggested the collector used the wrong container. Is that documented anywhere in this message?
- 10 **Noor:** No. The stated ⁵ _____ is insufficient quantity. It does not establish a container error or identify who caused the shortage.

Conversation continues on the next page.

Insufficient quantity is not a low patient result

CONVERSATION / CONTINUED

- 11 **Alex:** So I can report a suitability issue without recording collector error. Is this a problem before the analytical measurement rather than a low concentration?
- 12 **Noor:** Yes. This is a ⁶ _____ issue about the submitted material. It is not a patient finding from an analytical result.
- 13 **Alex:** The clinic will ask whether recollection is routine or urgent. Neither label appears in the message I have.
- 14 **Noor:** Obtain the applicable ⁷ _____ through the actual escalation arrangements. Don't assign a clinical urgency from the quantity wording alone.
- 15 **Alex:** I also need the collection instructions. I should not choose a container or amount simply to complete the note.
- 16 **Noor:** Correct. Check the relevant ⁸ _____ through the authorized procedure. This message does not provide those instructions or a new report time.
- 17 **Alex:** I'll relay Q6, insufficient specimen quantity, and the lead's request to recollect through the clinic. Missing instructions go to the appropriate contact.
- 18 **Noor:** That preserves the ⁹ _____. It also removes the unsupported low-result statement without replacing it with a guessed cause.
- 19 **Alex:** The clinician may still ask what this means for the patient. I'll distinguish that question from the specimen-status message.
- 20 **Noor:** Yes. Refer ¹⁰ _____ to the appropriately qualified professional with the actual clinical context. Our note should preserve the documented limitation and requested follow-up.

CHECK THE GAPS

1. specimen volume / 2. test request / 3. patient result / 4. recollection / 5. rejection reason / 6. preanalytical phase / 7. authorized guidance / 8. specimen requirement / 9. recollection request / 10. clinical interpretation

[Why these answers fit, page 113](#)

F Check accuracy and scope

Insufficient quantity is not a low patient result

Return to the case

The laboratory lead has documented insufficient quantity for test request Q6 and requested recollection through the clinic. No cause, collection method, or urgency is supplied. Clinic coordinator Alex thinks insufficient quantity means the patient has a low test result. Technician Noor corrects that misunderstanding and relays only the documented operational message. Further collection or urgency questions need the appropriate authorized guidance, not a guessed instruction.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which statement wrongly adds a cause?

- A. The lead documented insufficient quantity
- B. Collection details need authorized guidance
- C. The collector definitely used the wrong container
- D. No cause is supplied

2. How should urgency be described?

- A. Automatically routine
- B. Automatically critical
- C. Already assessed by the caller
- D. Not supplied in this message; follow the applicable escalation arrangements

[Answers and explanations, page 115](#)

Listen for the distinction

Switch roles and read the recollection message for Q6. Keep collection method, cause and urgency unspecified, as supplied.

Correct the meaning before adding detail

A familiar word such as low can move a conversation from specimen status into an unsupported patient conclusion. State what the term refers to, repeat the documented action, and keep missing clinical or collection details separate.

F Say it / transfer to a new case

Correct the meaning and retain the request

Complete the clinic exchange without adding a collection method or patient finding.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

Q6 / recollection / result / quantity

- 01 **Technician:** The request reference is ¹ _____.
- 02 **Clinic:** The issue is insufficient specimen ² _____.
- 03 **Technician:** The lead requested ³ _____ through the clinic.
- 04 **Clinic:** This is not a low patient ⁴ _____.

CHECK THE GAPS

1. Q6 / 2. quantity / 3. recollection / 4. result

[Why these answers fit, page 115](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Insufficient quantity is not a low patient result". Alex: "The clinic will ask whether recollection is routine or urgent. Neither label appears in the message I have." Noor: [missing response] Alex: "I also need the collection instructions. I should not choose a container or amount simply to complete the note." Which response belongs in the gap?

- A.** Yes. This is a preanalytical phase issue about the submitted material. It is not a patient finding from an analytical result.
- B.** Obtain the applicable authorized guidance through the actual escalation arrangements. Don't assign a clinical urgency from the quantity wording alone.
- C.** Keep test request Q6 in the note. The quantity message and the requested follow-up both belong to that request.
- D.** No. The stated rejection reason is insufficient quantity. It does not establish a container error or identify who caused the shortage.

[Answers and explanations, page 116](#)

Review 1 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Accessioning and unambiguous identifiers" and "Specimen suitability and recollection language". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Record of registered laboratory items. Which term fits?

- A. accession log
- B. audit trail
- C. receiving authority
- D. case match

2. A colleague needs the term for this meaning: Substance or property being measured by a test. Which term fits?

- A. specimen
- B. analyte
- C. specimen requirement
- D. contamination

3. Rebuild the exchange from "A314 in the log, A341 in the request". Mira: "I can use the usual protected verification route. Should I send the details through that process rather than this enquiry?" Noor: [missing response] Mira: "I'll check the original requisition. A number I remember from another call may not be reliable." Which response belongs in the gap?

- A. Correct. Receiving authority needs the applicable check as well. We should keep the correct case and the permitted recipient clear before sharing its status.
- B. Agreed. Confidentiality remains important throughout that process. I can assist with the enquiry once the required checks establish the correct case and authorized recipient.
- C. Yes, use the approved secure channel and provide the information that process requires. We should not improvise a different identity check during this call.
- D. That is helpful. A possible transcription error should be checked against the appropriate source rather than assumed. I will retain the number you actually supplied.

Review 1 / Meaning and context / continued

4. Rebuild the exchange from "Insufficient quantity is not a low patient result". Alex: "I'll relay Q6, insufficient specimen quantity, and the lead's request to recollect through the clinic. Missing instructions go to the appropriate contact." Noor: [missing response] Alex: "The clinician may still ask what this means for the patient. I'll distinguish that question from the specimen-status message." Which response belongs in the gap?

- A.** No. No patient result is supplied. A blank result field does not mean the measured value is zero.
- B.** Keep test request Q6 in the note. The quantity message and the requested follow-up both belong to that request.
- C.** Obtain the applicable authorized guidance through the actual escalation arrangements. Don't assign a clinical urgency from the quantity wording alone.
- D.** That preserves the recollection request. It also removes the unsupported low-result statement without replacing it with a guessed cause.

[Answers and explanations, page 147](#)

A Read the situation

LESSON 03 / QUALITY-CONTROL STATUS AND REPORTABLE RESULTS

Explain the difference between completed analysis, unresolved quality review, and authorized reporting without supplying unsanctioned results.

The run is complete; release is not authorized

An analytical run has finished, but its quality-control review remains unresolved. The laboratory lead has not authorized result release. Clinic contact Dana asks technician Noor to describe the results as final because the instrument has completed its work. No patient values, quality findings, or troubleshooting instructions are supplied. Noor must report the actual status and refer the unresolved review to the laboratory lead without relabeling or releasing results.

People: Noor, Laboratory technician; Dana, Clinic contact.

Read the record

Choose one answer per question using the facts above.

1. Which stage is complete?

- A. Authorized result release
- B. A final clinic report
- C. The analytical run
- D. The quality-control review

2. What is the quality-control status?

- A. Review unresolved
- B. Passed and approved
- C. Confirmed failed under supplied criteria
- D. Irrelevant because the instrument stopped

3. Which release claim is supported?

- A. Review pending means approval with a warning
- B. The lead has not authorized release
- C. Instrument completion itself authorizes release
- D. A clinic request replaces lead authorization

[Answers and explanations, page 117](#)

B Vocabulary in use

CORE TERMS

analytical run

Defined set of measurements performed in one testing sequence.

complete the analytical run

control material

Material with defined characteristics used to assess analytical performance.

identify control material

acceptance limit

Defined boundary used to assess an applicable control condition.

apply the approved acceptance limit

release authorization

Permission to issue results under the applicable process.

obtain release authorization

standard deviation

Measure of spread around the mean; abbreviated SD.

express a difference in SD units

z-score

Difference from a specified mean divided by the specified SD.

calculate the control z-score

quality control

Checks used to monitor analytical performance; abbreviated QC.

review quality control

control result

Measurement obtained from a quality-control material.

review a control result

quality review

Authorized assessment of relevant quality evidence.

await quality review

reportable result

Result meeting the applicable requirements for reporting.

distinguish a reportable result

pending review

Status indicating an assessment is not yet resolved.

retain pending review

report status

Current stage of a report in its lifecycle.

state report status

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

analytical run ANALYTICAL RUN

complete the analytical run

Keep the meaning precise: Defined set of measurements performed in one testing sequence.

quality review QUALITY REVIEW

await quality review

Keep the meaning precise: Authorized assessment of relevant quality evidence.

B Precision and professional shorthand

EXTEND YOUR RANGE

precision

Closeness among repeated measurements under specified conditions.

discuss analytical precision

bias

Systematic difference from an appropriate reference.

investigate documented bias

trend

Directional pattern across observations over time.

identify a control trend

out-of-control condition

Quality state outside the applicable accepted criteria.

report a documented out-of-control condition

withheld result

Result not released pending the applicable process.

preserve withheld-result status

authorized reviewer

Person permitted to assess and approve the relevant evidence.

consult the authorized reviewer

accuracy

Closeness of a measurement to an accepted reference value.

distinguish accuracy from precision

random variation

Unpredictable spread in measurements under relevant conditions.

assess random variation

shift

Sustained change in the level of observed measurements.

investigate a control shift

coefficient of variation

SD divided by the mean, usually expressed as a percentage; CV.

report the CV with its basis

review outcome

Documented conclusion of an assessment.

request the review outcome

status update

Message reporting the current process stage.

give a status update

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

report status **REPORT STATUS**

state report status

Keep the meaning precise: Current stage of a report in its lifecycle.

trend **TREND**

identify a control trend

Keep the meaning precise: Directional pattern across observations over time.

Phrases that move the work forward

Acknowledge completion

The analytical run has finished.

State the authority limit

The lead has not authorized result release.

Avoid an invented QC outcome

I cannot describe the review as passed or failed.

Keep values protected

I am not releasing patient values in this exchange.

Avoid a deadline promise

No release time is confirmed.

Preserve the wording

Please retain pending review in the update.

Attribute the next decision

Release depends on the authorized process.

Check the handoff

Please confirm that final reporting has not been authorized.

Name the unresolved stage

Quality-control review remains unresolved.

Correct the inference

Instrument completion does not make the report final.

Offer the actual status

I can provide a process-status update.

Refer the review

The laboratory lead needs to resolve the review.

Separate stages

Analysis, review, and release are different steps.

Resist relabeling

I cannot relabel unreleased results as final.

Avoid technical improvisation

I am not supplying troubleshooting instructions.

Close accurately

Run complete, review unresolved, release not authorized.

Precision in real exchanges

Purpose: Correct the inference

Useful wording: Instrument completion does not make the report final.

Purpose: Avoid an invented QC outcome

Useful wording: I cannot describe the review as passed or failed.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which update is accurate?

- A.** The run is complete, QC review is unresolved, and release is not authorized
- B.** The report is final because the instrument finished
- C.** QC is confirmed failed
- D.** The clinic's request authorizes release

2. What does unresolved QC review establish?

- A.** No completed review outcome is supplied
- B.** Every result is wrong
- C.** Every result is final
- D.** The review can be ignored

3. A colleague needs the term for this meaning: Measurement obtained from a quality-control material. Which term fits?

- A.** control result
- B.** withheld result
- C.** bias
- D.** standard deviation

D Choose the response that fits / continued

4. Rebuild the exchange from "The run is complete; release is not authorized". Dana: "I was about to call it a QC failure because nothing is being released. Is that too strong?" Noor: [missing response] Dana: "The clinic still needs a message. Can we give them the process status without including patient values?" Which response belongs in the gap?

- A.** No. release authorization must come through the laboratory's applicable process. The request does not replace the lead's decision.
- B.** Yes. No review outcome is supplied. An unresolved assessment is not the same as a documented failure.
- C.** Exactly. A reportable result requires those requirements to be met; instrument completion alone is not enough.
- D.** The analytical run is complete, but quality review remains unresolved. The laboratory lead has not authorized release.

[Answers and explanations, page 117](#)

One useful distinction

Run complete is an instrument-workflow status. It does not establish resolved quality control or release authorization. Because review is unresolved, do not describe the quality outcome as passed, failed, or irrelevant.

E Conversation

The run is complete; release is not authorized

The run is complete; release is not authorized

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

analytical run / authorized reviewer / withheld result / status update / pending review / quality control / reportable result / release authorization / report status / review outcome

- 01 **Dana:** The instrument has finished. Can I tell the clinic these are final results? They're waiting for an answer.
- 02 **Noor:** The ¹ _____ is complete, but quality review remains unresolved. The laboratory lead has not authorized release.
- 03 **Dana:** I'll remove final from the update. What wording should I use for the stage that is still outstanding?
- 04 **Noor:** Use ² _____. That describes the unresolved assessment without suggesting the controls passed or failed.
- 05 **Dana:** I was about to call it a QC failure because nothing is being released. Is that too strong?
- 06 **Noor:** Yes. No ³ _____ is supplied. An unresolved assessment is not the same as a documented failure.
- 07 **Dana:** The clinic still needs a message. Can we give them the process status without including patient values?
- 08 **Noor:** Yes. A ⁴ _____ can say analysis completed, review unresolved, release not authorized. It must not imply a final report exists.
- 09 **Dana:** Would the clinic's request to treat it as final count as permission? They say they accept that review is pending.
- 10 **Noor:** No. ⁵ _____ must come through the laboratory's applicable process. The request does not replace the lead's decision.

Conversation continues on the next page.

The run is complete; release is not authorized

CONVERSATION / CONTINUED

- 11 **Dana:** Then the next question is who can resolve the review, rather than whether I can change the label.
- 12 **Noor:** Correct. The ⁶ _____ needs to assess the relevant evidence. I can pass the enquiry to the laboratory lead without inventing a technical conclusion.
- 13 **Dana:** If I leave final off but say available, could that still suggest the results are ready to use?
- 14 **Noor:** It could. Keep the ⁷ _____ explicit: not released, not final. A softer label should not hide the outstanding requirement.
- 15 **Dana:** Understood. The completed measurement stage alone does not establish that the result meets the reporting requirements.
- 16 **Noor:** Exactly. A ⁸ _____ requires those requirements to be met; instrument completion alone is not enough.
- 17 **Dana:** Is there any supplied indication that the review can be skipped because the clinic is under time pressure?
- 18 **Noor:** No. The unresolved ⁹ _____ remains part of the process. We have no authorization to bypass it or provide troubleshooting instructions.
- 19 **Dana:** I'll send the process update, remove the final claim, and direct the release-status enquiry to the lead.
- 20 **Noor:** Good. Keep any ¹⁰ _____ unreleased until the applicable review and authorization are resolved. A clear update can acknowledge the delay without supplying unsanctioned findings.

CHECK THE GAPS

1. analytical run / 2. pending review / 3. review outcome / 4. status update / 5. release authorization / 6. authorized reviewer / 7. report status / 8. reportable result / 9. quality control / 10. withheld result

[Why these answers fit, page 118](#)

F Check accuracy and scope

The run is complete; release is not authorized

Return to the case

An analytical run has finished, but its quality-control review remains unresolved. The laboratory lead has not authorized result release. Clinic contact Dana asks technician Noor to describe the results as final because the instrument has completed its work. No patient values, quality findings, or troubleshooting instructions are supplied. Noor must report the actual status and refer the unresolved review to the laboratory lead without relabeling or releasing results.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Who should address the review question?

- A. The learner by inventing a control limit
- B. The laboratory lead under the authorized process
- C. The caller by renaming the report
- D. An unrelated delivery driver

2. Which action misrepresents status?

- A. Calling the results final without authorization
- B. Reporting that the run finished
- C. Saying review remains unresolved
- D. Declining to invent a release time

[Answers and explanations, page 120](#)

Listen for the distinction

Switch roles. Correct final to not released in the printed exchange; keep unresolved distinct from both QC passed and QC failed.

A completed stage is not a completed process

Under time pressure, a caller may use finished to mean ready to report. Repeat the completed stage, then name the outstanding review and authority. This acknowledges progress without allowing the caller to infer a final report that does not exist.

F Say it / transfer to a new case

Three stages, three separate facts

Complete the clinic update using the actual run, review, and release status.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

final / authorized / complete / unresolved

- 01 **Technician:** The analytical run is ¹ _____.
- 02 **Clinic:** Quality-control review remains ² _____.
- 03 **Technician:** Result release is not ³ _____.
- 04 **Clinic:** We must not call the report ⁴ _____.

CHECK THE GAPS

1. complete / 2. unresolved / 3. authorized / 4. final

[Why these answers fit, page 120](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "The run is complete; release is not authorized". Dana: "If I leave final off but say available, could that still suggest the results are ready to use?" Noor: [missing response] Dana: "Understood. The completed measurement stage alone does not establish that the result meets the reporting requirements." Which response belongs in the gap?

- A.** It could. Keep the report status explicit: not released, not final. A softer label should not hide the outstanding requirement.
- B.** No. release authorization must come through the laboratory's applicable process. The request does not replace the lead's decision.
- C.** No. The unresolved quality control remains part of the process. We have no authorization to bypass it or provide troubleshooting instructions.
- D.** Yes. A status update can say analysis completed, review unresolved, release not authorized. It must not imply a final report exists.

[Answers and explanations, page 121](#)

A Read the situation

LESSON 04 / REAGENTS, INSTRUMENTS, AND SERVICE COORDINATION

Request a documented instrument-status decision and distinguish service attendance from authorized return to use.

The service visit ended; H2 is still unavailable

Analyzer H2 is marked unavailable. A service visit ended at 11:00, but the laboratory lead has not confirmed return to service. Technician Noor asks lead Elena for the status needed before updating the clinic. No repair steps, instrument settings, reagent findings, patient results, or confirmed restart time are supplied. The end of the service visit is a known event, not evidence that the analyzer is available.

People: Noor, Laboratory technician; Elena, Laboratory lead.

Read the record

Choose one answer per question using the facts above.

1. What is H2's current recorded status?

- A.** Unavailable
- B.** Returned to service
- C.** Approved for all testing
- D.** Confirmed beyond repair

2. What happened at 11:00?

- A.** The service visit ended
- B.** H2 was authorized for use
- C.** All patient results were released
- D.** A restart was guaranteed

3. What does Noor need before the clinic update?

- A.** The lead's confirmed status
- B.** A guessed restart time
- C.** Unprovided repair instructions
- D.** An invented reagent diagnosis

[Answers and explanations, page 122](#)

B Vocabulary in use

CORE TERMS

analyzer

Instrument used to perform laboratory measurements.

identify the analyzer

unavailable

Not available for the stated operational use.

retain unavailable status

return to service

Authorized restoration of equipment to operational use.

confirm return to service

maintenance log

Record of equipment upkeep and related actions.

consult the maintenance log

downtime

Period when equipment is not available for its intended use.

report downtime

reagent

Substance used in a laboratory reaction or analytical process.

identify the reagent

instrument status

Recorded condition or availability of equipment.

confirm instrument status

service visit

Attendance by personnel providing equipment support.

record the service visit

service report

Record describing work or findings from a service event.

review the service report

equipment identifier

Reference distinguishing one instrument from another.

quote the equipment identifier

restart authorization

Permission to resume operation under the relevant process.

obtain restart authorization

reagent lot

Identified production batch of a reagent.

record the reagent lot

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

analyzer ANALYZER

identify the analyzer

Keep the meaning precise: Instrument used to perform laboratory measurements.

service report SERVICE REPORT

review the service report

Keep the meaning precise: Record describing work or findings from a service event.

B Precision and professional shorthand

EXTEND YOUR RANGE

lot number

Reference identifying a particular production batch.

verify the lot number

inventory status

Recorded availability of supplies.

check inventory status

verification check

Check confirming a specified requirement is met.

record a verification check

corrective maintenance

Work addressing an identified equipment problem.

document corrective maintenance

operational readiness

State meeting the requirements for intended operation.

confirm operational readiness

outstanding review

Assessment not yet completed or resolved.

identify outstanding review

expiry date

Date limiting use under applicable product instructions.

check the expiry date

calibration

Establishing the relation between instrument response and reference values.

document calibration

preventive maintenance

Planned upkeep intended to reduce equipment problems.

schedule preventive maintenance

service provider

Organization or person supplying equipment support.

contact the service provider

status confirmation

Explicit verification of the current equipment condition.

request status confirmation

dilution factor

Ratio of final diluted volume to the original sample volume.

verify whether the factor was applied

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

reagent lot REAGENT LOT

record the reagent lot

Keep the meaning precise: Identified production batch of a reagent.

verification check VERIFICATION CHECK

record a verification check

Keep the meaning precise: Check confirming a specified requirement is met.

Phrases that move the work forward

Identify the instrument

I am checking the status of analyzer H2.

Name the known event

The service visit ended at eleven.

Ask for authority

Has the lead confirmed operational availability?

Avoid a restart promise

I have no confirmed restart time.

Avoid inventing a reagent issue

No reagent finding is supplied here.

Preserve the equipment reference

Please keep H2 in the status message.

Limit the clinic message

I will report the current documented availability.

Request explicit notification

Please notify me when the authorized status changes.

State the current record

H2 is marked unavailable.

Separate the implication

That does not confirm return to service.

Request the record

What status is documented for the clinic update?

Keep repair findings separate

The visit end does not tell me what repair was completed.

Avoid technical improvisation

I am not changing settings based on this conversation.

Name the pending step

Return-to-service confirmation is still outstanding.

Separate service and testing

A service visit is not permission to resume analysis.

Close precisely

Visit ended at eleven; H2 remains unavailable pending confirmation.

Precision in real exchanges

Purpose: Separate the implication

Useful wording: That does not confirm return to service.

Purpose: Ask for authority

Useful wording: Has the lead confirmed operational availability?

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which clinic update is supported?

- A.** H2 remains unavailable; the service visit ended at 11:00 but return is unconfirmed
- B.** H2 is ready because the engineer left
- C.** All results will be final at 11:00
- D.** The reagent lot caused the outage

2. What would establish a status change here?

- A.** The laboratory lead's confirmed return-to-service status
- B.** The visit end alone
- C.** A caller's assumption
- D.** The learner choosing a setting

3. A colleague needs the term for this meaning: Attendance by personnel providing equipment support. Which term fits?

- A.** downtime
- B.** operational readiness
- C.** service visit
- D.** inventory status

D Choose the response that fits / continued

4. Rebuild the exchange from "The service visit ended; H2 is still unavailable". Noor: "I'll remove eleven as the restart time. Can you confirm that return to use is still outstanding?" Elena: [missing response] Noor: "Which document should the authorized reviewer check for the work completed? I don't have the service findings." Which response belongs in the gap?

- A.** Correct. A service visit can end without establishing operational readiness. We need the relevant documented outcome and authorized decision, not an inference from departure.
- B.** That describes the downtime without inventing its cause or duration. We can acknowledge the completed visit while preserving the unresolved operating status.
- C.** Exactly. Return to service has not been confirmed. Please do not turn a known event time into a commitment we have not made.
- D.** Keep the instrument status separate from the visit time. I have not confirmed return to service, so unavailable remains the status you can report.

[Answers and explanations, page 122](#)

One useful distinction

The service visit ended at 11:00, but H2 remains marked unavailable. A departure time is not return-to-service authorization, proof of a completed repair, or a guaranteed restart time.

E Conversation

The service visit ended; H2 is still unavailable

The service visit ended; H2 is still unavailable

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

service report / status confirmation / downtime / Return to service / Operational readiness
/ Calibration / service visit / equipment identifier / reagent lot / instrument status

- 01 **Noor:** The clinic saw that service on H2 ended at eleven. They're asking if we can use the analyzer again. Its status still says unavailable.
- 02 **Elena:** Keep the ¹ _____ separate from the visit time. I have not confirmed return to service, so unavailable remains the status you can report.
- 03 **Noor:** Does the completed visit establish anything about availability, or only that the service attendance has finished?
- 04 **Elena:** Correct. A ² _____ can end without establishing operational readiness. We need the relevant documented outcome and authorized decision, not an inference from departure.
- 05 **Noor:** I'll remove eleven as the restart time. Can you confirm that return to use is still outstanding?
- 06 **Elena:** Exactly. ³ _____ has not been confirmed. Please do not turn a known event time into a commitment we have not made.
- 07 **Noor:** Which document should the authorized reviewer check for the work completed? I don't have the service findings.
- 08 **Elena:** The ⁴ _____ is relevant to the authorized review, but do not invent its contents. No repair steps or completed verification findings are supplied in this exchange.
- 09 **Noor:** The clinic is asking if this was a reagent problem. I don't see a reagent batch or fault finding in the information we have.
- 10 **Elena:** Good. A ⁵ _____ reference would be a specific technical claim. We have no such finding here, and it should not be added to make the explanation sound complete.

Conversation continues on the next page.

The service visit ended; H2 is still unavailable

CONVERSATION / CONTINUED

- 11 **Noor:** Someone has also described calibration as passed. We don't have that result from the completed visit, do we?
- 12 **Elena:** Correct. ⁶ _____ status and settings belong to the applicable technical process. This conversation is about accurate coordination, not an instruction to perform or bypass that work.
- 13 **Noor:** Then my update is H2 unavailable, service visit ended at eleven, and no confirmed restart time. I won't give a duration for the remaining outage.
- 14 **Elena:** That describes the ⁷ _____ without inventing its cause or duration. We can acknowledge the completed visit while preserving the unresolved operating status.
- 15 **Noor:** If the next message just says service done, I'll still need to ask whether the operational status changed.
- 16 **Elena:** Yes. Ask for ⁸ _____ tied to H2. The wording should tell you whether availability changed, not merely that a person completed a task.
- 17 **Noor:** I'll retain H2 in the subject and message. An update about another instrument would not resolve this enquiry.
- 18 **Elena:** The ⁹ _____ should remain visible. That is especially important when multiple service enquiries are being handled at once.
- 19 **Noor:** Please send the documented status change through the proper route when available. Until then, I'll keep the clinic's message at unavailable.
- 20 **Elena:** That is accurate. ¹⁰ _____ remains unconfirmed. I will communicate a documented status change through the proper route when one is available.

CHECK THE GAPS

1. instrument status / 2. service visit / 3. Return to service / 4. service report / 5. reagent lot / 6. Calibration / 7. downtime / 8. status confirmation / 9. equipment identifier / 10. Operational readiness

[Why these answers fit, page 123](#)

F Check accuracy and scope

The service visit ended; H2 is still unavailable

Return to the case

Analyzer H2 is marked unavailable. A service visit ended at 11:00, but the laboratory lead has not confirmed return to service. Technician Noor asks lead Elena for the status needed before updating the clinic. No repair steps, instrument settings, reagent findings, patient results, or confirmed restart time are supplied. The end of the service visit is a known event, not evidence that the analyzer is available.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which detail must not be invented?

- A. The visit's 11:00 end
- B. The unavailable label
- C. A restart time
- D. The identifier H2

2. What does the service visit prove?

- A. Patient results are authorized
- B. Support personnel attended and the visit ended
- C. Every repair was successful
- D. Calibration passed

[Answers and explanations, page 125](#)

Listen for the distinction

Switch roles. Read the lines rejecting an unsupported restart time, reagent fault and passed calibration; retain the missing findings.

Name the status, not the hopeful implication

A completed visit can sound like a completed repair and approved restart. Keep those events separate. Ask the lead for the documented operating status rather than interpreting a service departure time as permission to use equipment.

F Say it / transfer to a new case

Do not turn a visit time into a restart time

Complete the status exchange using the known event and unresolved availability.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

11:00 / unavailable / confirmed / H2

- 01 **Technician:** The analyzer identifier is ¹ _____.
- 02 **Lead:** Its recorded status remains ² _____.
- 03 **Technician:** The service visit ended at ³ _____.
- 04 **Lead:** Return to service is not yet ⁴ _____.

CHECK THE GAPS

1. H2 / 2. unavailable / 3. 11:00 / 4. confirmed

[Why these answers fit, page 125](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "The service visit ended; H2 is still unavailable". Noor: "Then my update is H2 unavailable, service visit ended at eleven, and no confirmed restart time. I won't give a duration for the remaining outage." Elena: [missing response] Noor: "If the next message just says service done, I'll still need to ask whether the operational status changed." Which response belongs in the gap?

- A.** That is accurate. Operational readiness remains unconfirmed. I will communicate a documented status change through the proper route when one is available.
- B.** Exactly. Return to service has not been confirmed. Please do not turn a known event time into a commitment we have not made.
- C.** That describes the downtime without inventing its cause or duration. We can acknowledge the completed visit while preserving the unresolved operating status.
- D.** Keep the instrument status separate from the visit time. I have not confirmed return to service, so unavailable remains the status you can report.

[Answers and explanations, page 126](#)

Review 2 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Quality-control status and reportable results" and "Reagents, instruments, and service coordination". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Material with defined characteristics used to assess analytical performance. Which term fits?

- A. accuracy
- B. coefficient of variation
- C. control material
- D. reportable result

2. A colleague needs the term for this meaning: Reference distinguishing one instrument from another. Which term fits?

- A. analyzer
- B. lot number
- C. corrective maintenance
- D. equipment identifier

3. Rebuild the exchange from "Insufficient quantity is not a low patient result". Alex: "Someone has suggested the collector used the wrong container. Is that documented anywhere in this message?" Noor: [missing response] Alex: "So I can report a suitability issue without recording collector error. Is this a problem before the analytical measurement rather than a low concentration?" Which response belongs in the gap?

- A. Yes. This is a preanalytical phase issue about the submitted material. It is not a patient finding from an analytical result.
- B. Obtain the applicable authorized guidance through the actual escalation arrangements. Don't assign a clinical urgency from the quantity wording alone.
- C. No. The stated rejection reason is insufficient quantity. It does not establish a container error or identify who caused the shortage.
- D. Correct. Check the relevant specimen requirement through the authorized procedure. This message does not provide those instructions or a new report time.

Review 2 / Meaning and context / continued

4. Rebuild the exchange from "The service visit ended; H2 is still unavailable". Noor: "I'll retain H2 in the subject and message. An update about another instrument would not resolve this enquiry." Elena: [missing response] Noor: "Please send the documented status change through the proper route when available. Until then, I'll keep the clinic's message at unavailable." Which response belongs in the gap?

- A.** That is accurate. Operational readiness remains unconfirmed. I will communicate a documented status change through the proper route when one is available.
- B.** Exactly. Return to service has not been confirmed. Please do not turn a known event time into a commitment we have not made.
- C.** The equipment identifier should remain visible. That is especially important when multiple service enquiries are being handled at once.
- D.** That describes the downtime without inventing its cause or duration. We can acknowledge the completed visit while preserving the unresolved operating status.

[Answers and explanations, page 150](#)

A Read the situation

LESSON 05 / TURNAROUND TIMES AND REALISTIC UPDATES

Clarify a turnaround-time starting point and distinguish a quoted interval from a confirmed reporting promise during a backlog.

The two-hour clock starts at receipt

The service quotes a two-hour turnaround measured from laboratory receipt to reporting. Specimen T5 was collected at 08:00 and received by the laboratory at 09:00. A backlog affects estimates, and no report time is confirmed. Clinic coordinator Eva assumes the two hours began at collection and expects a report at 10:00. Technician Noor explains the receipt-based interval without replacing the mistaken 10:00 promise with an unsupported 11:00 guarantee.

People: Noor, Laboratory technician; Eva, Clinic coordinator.

Read the record

Choose one answer per question using the facts above.

1. When does the quoted turnaround begin?

- A.** Specimen collection
- B.** The clinic's phone call
- C.** The patient's appointment booking
- D.** Laboratory receipt

2. When was T5 received?

- A.** 08:00
- B.** 10:00
- C.** 11:00
- D.** 09:00

3. What report time is confirmed?

- A.** None
- B.** 10:00
- C.** 11:00
- D.** Exactly two hours after this call

[Answers and explanations, page 127](#)

B Vocabulary in use

CORE TERMS

turnaround time

Interval between defined starting and ending events; abbreviated TAT.

clarify turnaround time

receipt time

Recorded time the laboratory received the specimen.

confirm receipt time

start point

Event from which an interval is measured.

name the start point

quoted interval

Stated expected duration under the service description.

explain the quoted interval

confirmed deadline

Explicitly established time commitment.

distinguish a confirmed deadline

work queue

Ordered or managed set of pending tasks.

check the work queue

collection time

Recorded time the specimen was obtained.

distinguish collection time

reporting time

Time a report is issued under the relevant process.

confirm reporting time

end point

Event at which a measured interval ends.

define the end point

estimate

Approximate expectation subject to relevant uncertainty.

qualify the estimate

backlog

Accumulated work awaiting completion.

explain the backlog

elapsed time

Time that has passed since a specified event.

calculate elapsed time

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

turnaround time **TURNAROUND TIME**

clarify turnaround time

Keep the meaning precise: Interval between defined starting and ending events; abbreviated TAT.

end point **END POINT**

define the end point

Keep the meaning precise: Event at which a measured interval ends.

B Precision and professional shorthand

EXTEND YOUR RANGE

transport interval

Time between the relevant dispatch and receipt events.

distinguish the transport interval

service standard

Defined service expectation under its stated conditions.

clarify the service standard

delay notice

Communication explaining a later-than-expected process.

issue a delay notice

result commitment

Promise that a result will be available at a stated time.

avoid an unsupported result commitment

time reference

Stated event and clock time used in a message.

preserve the time reference

escalation route

Authorized path for raising a concern requiring further attention.

use the escalation route

receipt-to-report interval

Duration measured from laboratory receipt to reporting.

explain the receipt-to-report interval

estimated completion

Predicted finish time rather than a confirmed outcome.

qualify estimated completion

update commitment

Promise to communicate status at a stated time.

separate an update commitment

queue status

Current position or condition of pending work.

report queue status

expectation reset

Correction of an earlier timing assumption.

make an expectation reset

confirmed information

Details established by the relevant record or authority.

relay confirmed information

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

elapsed time ELAPSED TIME

calculate elapsed time

Keep the meaning precise: Time that has passed since a specified event.

delay notice DELAY NOTICE

issue a delay notice

Keep the meaning precise: Communication explaining a later-than-expected process.

Phrases that move the work forward

Identify the specimen

This timing enquiry concerns T5.

State receipt

Laboratory receipt was recorded at nine.

Correct the starting point

Collection does not start this service's quoted clock.

Limit the calculation

That is not a confirmed reporting promise.

Preserve uncertainty

No report time is confirmed.

Separate an update

A status update is not a promise that results will be ready.

Keep the clinical boundary

Urgency concerns need the applicable clinical escalation route.

Correct the clinic message

Please state receipt-based turnaround and the current uncertainty.

State collection

Collection was recorded at eight.

Define the service interval

The quoted two hours run from receipt to reporting.

Explain the arithmetic

Nine plus two hours gives eleven as the reference calculation.

Name the delay factor

A backlog is affecting estimates.

Avoid replacing one promise

I cannot change an unsupported ten-o'clock promise into an eleven-o'clock guarantee.

Ask for the right information

We need the current authorized estimate, if available.

Avoid reassurance without evidence

I cannot promise the delay is clinically unimportant.

Close with the facts

Collected at eight, received at nine, reporting time unconfirmed.

Precision in real exchanges

Purpose: Define the service interval

Useful wording: The quoted two hours run from receipt to reporting.

Purpose: Correct the starting point

Useful wording: Collection does not start this service's quoted clock.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Why is the assumed 10:00 time unsupported?

- A.** T5 was received at ten
- B.** The service quotes three hours
- C.** Collection and receipt are always simultaneous
- D.** It starts the two-hour interval at collection rather than receipt

2. What does 09:00 plus two hours establish?

- A.** Proof that no backlog exists
- B.** An 11:00 reference calculation, not a confirmed report time
- C.** Guaranteed final results at eleven
- D.** A new clinical urgency classification

3. A colleague needs the term for this meaning: Time a report is issued under the relevant process. Which term fits?

- A.** confirmed deadline
- B.** reporting time
- C.** time reference
- D.** service standard

D Choose the response that fits / continued

4. Rebuild the exchange from "The two-hour clock starts at receipt". Eva: "Nine plus two gives eleven. Is eleven an actual reporting commitment, or only what the quoted interval would calculate?" Noor: [missing response] Eva: "I need to withdraw the guarantee as well as correct the arithmetic. Simply replacing ten with eleven would keep the certainty error." Which response belongs in the gap?

- A.** Exactly. The quoted interval explains how timing is described, but it does not by itself establish when this particular report will be issued under the current conditions.
- B.** No. That is a reference calculation, not a confirmed reporting promise. No report time is confirmed, and the backlog means the estimate cannot be treated as guaranteed.
- C.** Correct. The receipt time is the relevant starting point here. It is important to keep both events in the record rather than replacing one with the other.
- D.** Yes. An update commitment is different from a result commitment. No new update time is supplied in this discussion, so we should not invent one either.

[Answers and explanations, page 127](#)

One useful distinction

Collection at 08:00 and receipt at 09:00 are different events. Applying the quoted two-hour interval to receipt gives 11:00 as the arithmetic reference, not 10:00. It still does not confirm a report time.

Conversation

The two-hour clock starts at receipt

The two-hour clock starts at receipt

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

turnaround time / expectation reset / time reference / reference calculation /
quoted interval / receipt time / backlog / update commitment / confirmed deadline /
escalation route

- 01 **Eva:** I told the clinic T5 would be reported at ten: collected at eight plus the quoted two hours. Have I used the right starting point?
- 02 **Noor:** The quoted ¹ _____ starts at laboratory receipt, not collection. T5 was received at nine, and a backlog is currently affecting estimates.
- 03 **Eva:** Then the nine-o'clock laboratory entry matters for that interval. I'll keep the eight-o'clock collection event in the record as a separate fact.
- 04 **Noor:** Correct. The ² _____ is the relevant starting point here. It is important to keep both events in the record rather than replacing one with the other.
- 05 **Eva:** Nine plus two gives eleven. Is eleven an actual reporting commitment, or only what the quoted interval would calculate?
- 06 **Noor:** No. That is a ³ _____, not a confirmed reporting promise. No report time is confirmed, and the backlog means the estimate cannot be treated as guaranteed.
- 07 **Eva:** I need to withdraw the guarantee as well as correct the arithmetic. Simply replacing ten with eleven would keep the certainty error.
- 08 **Noor:** Exactly. The ⁴ _____ explains how timing is described, but it does not by itself establish when this particular report will be issued under the current conditions.
- 09 **Eva:** I'll tell the clinic I used collection instead of receipt and gave a promise the available status didn't support.
- 10 **Noor:** That is a clear ⁵ _____. It preserves the known collection and receipt facts while withdrawing the unsupported ten-o'clock commitment.

Conversation continues on the next page.

The two-hour clock starts at receipt

CONVERSATION / CONTINUED

- 11 **Eva:** Can I attribute the uncertainty to a confirmed backlog, or would that be another assumption?
- 12 **Noor:** The ⁶ _____ is a stated factor affecting estimates. We should not add an exact queue position, duration, or cause beyond the information actually available.
- 13 **Eva:** If we later agree an update time, I'll say update rather than report ready. No replacement update time has been agreed here.
- 14 **Noor:** Yes. An ⁷ _____ is different from a result commitment. No new update time is supplied in this discussion, so we should not invent one either.
- 15 **Eva:** If the clinic raises clinical urgency, whom should that concern go through? I can't assess it from these timestamps.
- 16 **Noor:** Use the applicable ⁸ _____. We must not dismiss urgency or give clinical reassurance merely because the quoted interval was misunderstood.
- 17 **Eva:** My correction will retain collection at eight, receipt at nine, and the quoted two-hour receipt-to-report interval, with no report time confirmed.
- 18 **Noor:** That keeps the ⁹ _____ explicit. Anyone reading the note can see which event starts the quoted interval and which timing remains unknown.
- 19 **Eva:** I'll withdraw ten o'clock and avoid promising eleven. Any actual reporting commitment needs its own confirmation.
- 20 **Noor:** Agreed. A ¹⁰ _____ is not supplied here. Keep the calculation, estimate, and any later authorized commitment distinct in subsequent messages.

CHECK THE GAPS

1. turnaround time / **2.** receipt time / **3.** reference calculation / **4.** quoted interval / **5.** expectation reset / **6.** backlog / **7.** update commitment / **8.** escalation route / **9.** time reference / **10.** confirmed deadline

[Why these answers fit, page 128](#)

F Check accuracy and scope

The two-hour clock starts at receipt

Return to the case

The service quotes a two-hour turnaround measured from laboratory receipt to reporting. Specimen T5 was collected at 08:00 and received by the laboratory at 09:00. A backlog affects estimates, and no report time is confirmed. Clinic coordinator Eva assumes the two hours began at collection and expects a report at 10:00. Technician Noor explains the receipt-based interval without replacing the mistaken 10:00 promise with an unsupported 11:00 guarantee.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which update is accurate?

- A. T5 arrived at nine; backlog affects estimates; no report time is confirmed
- B. T5 is guaranteed final at ten
- C. T5 is guaranteed final at eleven
- D. The delay has no possible clinical importance

2. What is distinct from a result commitment?

- A. A guaranteed final report deadline
- B. A confirmed reporting time
- C. An agreed time to provide a status update
- D. An explicit promise results will be ready

[Answers and explanations, page 130](#)

Listen for the distinction

Switch roles. Read the correction withdrawing the ten-o'clock promise; do not replace it with an eleven-o'clock guarantee.

Correct the clock and the certainty level

A timing misunderstanding may involve both the starting event and the strength of a promise. Explain each separately. A calculation from a quoted interval is not the same as a confirmed delivery time, especially when a stated backlog affects estimates.

F Say it / transfer to a new case

Correct the clock without inventing a promise

Complete the T5 timing summary. Clock values identify known events or arithmetic only.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

08:00 / 11:00 / 09:00 / unconfirmed

- 01 **Clinic:** T5 was collected at ¹ _____.
- 02 **Technician:** Laboratory receipt was at ² _____.
- 03 **Clinic:** Adding the quoted two hours gives ³ _____ as a reference calculation.
- 04 **Technician:** The actual report time remains ⁴ _____.

CHECK THE GAPS

1. 08:00 / 2. 09:00 / 3. 11:00 / 4. unconfirmed

[Why these answers fit, page 130](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "The two-hour clock starts at receipt". Eva: "If we later agree an update time, I'll say update rather than report ready. No replacement update time has been agreed here." Noor: [missing response] Eva: "If the clinic raises clinical urgency, whom should that concern go through? I can't assess it from these timestamps." Which response belongs in the gap?

- A.** No. That is a reference calculation, not a confirmed reporting promise. No report time is confirmed, and the backlog means the estimate cannot be treated as guaranteed.
- B.** Yes. An update commitment is different from a result commitment. No new update time is supplied in this discussion, so we should not invent one either.
- C.** Correct. The receipt time is the relevant starting point here. It is important to keep both events in the record rather than replacing one with the other.
- D.** Exactly. The quoted interval explains how timing is described, but it does not by itself establish when this particular report will be issued under the current conditions.

[Answers and explanations, page 131](#)

A Read the situation

LESSON 06 / PRELIMINARY, FINAL, AND AMENDED REPORTS

Withdraw an inaccurate report-status statement and identify the superseding final version without inventing changed findings or an amendment.

Correcting the ten-o'clock report label

The clinic received a preliminary report at 10:00 and a final report at 14:00 for the same request. Technician Noor mistakenly called the earlier version final. Clinic contact Priya asks which report status is correct. The 14:00 final report supersedes the 10:00 preliminary version for this request. No findings, clinical conclusions, or subsequent amended report are supplied. Noor needs to correct the earlier communication clearly and retain a traceable record.

People: Noor, Laboratory technician; Priya, Clinic contact.

Read the record

Choose one answer per question using the facts above.

1. What was received at 10:00?

- A.** A preliminary report
- B.** The final report
- C.** An amended report
- D.** A confirmed diagnosis only

2. Which version supersedes it?

- A.** The 14:00 final report
- B.** An unspecified future report
- C.** The incorrect phone label
- D.** Neither version

3. What has not been supplied?

- A.** The preliminary status at ten
- B.** The final status at fourteen
- C.** Findings or a later amended report
- D.** The two issue times

[Answers and explanations, page 132](#)

B Vocabulary in use

CORE TERMS

preliminary report

Report issued before the relevant final reporting stage.

identify the preliminary report

amended report

Formally revised report issued through the applicable correction process.

distinguish an amended report

report version

Identified edition or stage of a report.

check the report version

status label

Wording identifying a report's current stage.

correct the status label

detection limit

Lowest amount reliably detectable under the stated method conditions.

distinguish detection from quantification

current report

Report currently applicable under the stated reporting process.

identify the current report

final report

Report issued with final status under the applicable process.

confirm the final report

supersede

Replace an earlier version as the applicable later record.

supersede the preliminary version

issue time

Recorded time a report was issued.

quote the issue time

communication correction

Explicit repair of an inaccurate spoken or written message.

make a communication correction

version control

Management of identifiable document revisions and their relationships.

preserve version control

superseded version

Earlier record replaced by an applicable later version.

retain the superseded version appropriately

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

preliminary report PRELIMINARY REPORT

identify the preliminary report

Keep the meaning precise: Report issued before the relevant final reporting stage.

issue time ISSUE TIME

quote the issue time

Keep the meaning precise: Recorded time a report was issued.

B Precision and professional shorthand

EXTEND YOUR RANGE

correction trail

Record linking an error to its documented correction.

preserve the correction trail

report discrepancy

Difference in report information or status requiring clarification.

clarify the report discrepancy

interpretation

Explanation of the meaning of a finding.

refer interpretation appropriately

revision reason

Documented explanation for a report change.

state the revision reason

distribution record

Record of where a report or update was sent.

check the distribution record

explicit correction

Statement directly identifying and fixing the prior error.

provide an explicit correction

recipient acknowledgment

Confirmation that the intended recipient received the message.

obtain recipient acknowledgment

finding

Recorded result or observation in a report.

avoid inventing a finding

addendum

Additional report information issued under the applicable process.

distinguish an addendum

reissue

Issuance of a report again under the applicable procedure.

verify the reissue status

document history

Record of earlier versions and changes.

preserve document history

quantification limit

Lowest amount quantified with suitable precision and accuracy.

retain the below-quantification qualifier

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

superseded version **SUPERSEDED VERSION**

retain the superseded version appropriately

Keep the meaning precise: Earlier record replaced by an applicable later version.

interpretation **INTERPRETATION**

refer interpretation appropriately

Keep the meaning precise: Explanation of the meaning of a finding.

Phrases that move the work forward

Open the correction

I need to correct my earlier description.

Withdraw the label

That label was incorrect.

Identify the later version

The fourteen-hundred report is final.

Avoid a content claim

I am not saying the findings changed.

Separate processes

This is a correction to my communication.

Preserve time references

Keep ten and fourteen attached to their respective versions.

Identify the current reference

Please use the final version's status in this enquiry.

Make follow-up traceable

Link the correction to the earlier message.

Name the error

I called the ten-o'clock report final.

State the correct status

The ten-o'clock report was preliminary.

Explain the relationship

The final report supersedes the preliminary version for this request.

Avoid inventing an amendment

No later amended report is supplied here.

Request acknowledgment

Please confirm you have the corrected status.

Maintain history

Retain the earlier version according to the record policy.

Avoid clinical interpretation

No clinical conclusion is part of this correction.

Close precisely

Ten was preliminary; fourteen is final and supersedes it.

Precision in real exchanges

Purpose: State the correct status

Useful wording: The ten-o'clock report was preliminary.

Purpose: Identify the later version

Useful wording: The fourteen-hundred report is final.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which correction is clear?

- A.** The patient findings definitely changed
- B.** I incorrectly called the 10:00 report final; it was preliminary; the 14:00 report is final
- C.** There was some confusion, but all versions are final
- D.** Ignore the times

2. What does supersedes mean here?

- A.** Both reports become preliminary
- B.** Every previous record must be destroyed
- C.** A diagnosis has been reversed
- D.** The later final version replaces the preliminary version for this request

3. A colleague needs the term for this meaning: Replace an earlier version as the applicable later record. Which term fits?

- A.** detection limit
- B.** report discrepancy
- C.** distribution record
- D.** supersede

D Choose the response that fits / continued

4. Rebuild the exchange from "Correcting the ten-o'clock report label". Noor: "Right. I'm correcting what I said about its status, not announcing a new laboratory finding." Priya: [missing response] Noor: "Exactly. Nor should we call the fourteen-hundred final report amended merely because I used the wrong word earlier." Which response belongs in the gap?

- A.** I'll change the earlier status label to preliminary and identify fourteen hundred as the final version. I won't relabel the original document itself.
- B.** I won't infer a changed finding from the status change. The supplied evidence concerns the report versions and your earlier wording.
- C.** An amended report would need its own formal status and record. The supplied sequence is preliminary followed by final.
- D.** So this is a communication correction. It repairs your message but does not, by itself, tell me that any clinical content changed.

[Answers and explanations, page 132](#)

One useful distinction

The 10:00 report was preliminary; calling it final was a communication error. The 14:00 final report supersedes that version. This sequence does not establish what any findings say or whether their content changed.

E Conversation

Correcting the ten-o'clock report label

Correcting the ten-o'clock report label

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

communication correction / current report / amended report / correction trail / receipt / document history / issue time / status label / finding / explicit correction

- 01 **Noor:** Priya, I need to correct my earlier message. I called the ten-o'clock report final. It was preliminary; the fourteen-hundred report is final.
- 02 **Priya:** Thank you for the ¹ _____. I'll correct my note before passing the earlier label on.
- 03 **Noor:** Please keep both issue times. The ten-o'clock document wasn't final at issue, even though a final version now exists.
- 04 **Priya:** I'll change the earlier ² _____ to preliminary and identify fourteen hundred as the final version. I won't relabel the original document itself.
- 05 **Noor:** Right. I'm correcting what I said about its status, not announcing a new laboratory finding.
- 06 **Priya:** So this is a ³ _____. It repairs your message but does not, by itself, tell me that any clinical content changed.
- 07 **Noor:** Exactly. Nor should we call the fourteen-hundred final report amended merely because I used the wrong word earlier.
- 08 **Priya:** An ⁴ _____ would need its own formal status and record. The supplied sequence is preliminary followed by final.
- 09 **Noor:** Can you repeat the two versions back? I want to make sure the earlier mistake is not carried forward.
- 10 **Priya:** Ten hundred: preliminary. Fourteen hundred: final. I'll retain each ⁵ _____ beside the corresponding status.

Conversation continues on the next page.

Correcting the ten-o'clock report label

CONVERSATION / CONTINUED

- 11 **Noor:** That's correct. We haven't been given the clinical content of either version, so I can't describe a change in the patient's result.
- 12 **Priya:** I won't infer a changed ⁶ _____ from the status change. The supplied evidence concerns the report versions and your earlier wording.
- 13 **Noor:** Please link this correction to the inaccurate message rather than silently replacing it. The next reader should know what was corrected.
- 14 **Priya:** I'll preserve the ⁷ _____ through the applicable record process. That keeps the original error and its correction traceable.
- 15 **Noor:** The earlier report also belongs in the retained version record under policy. Superseded does not mean erase the history.
- 16 **Priya:** Understood. The ⁸ _____ stays intact while the fourteen-hundred final version is identified as current for this request.
- 17 **Noor:** Can you confirm that you've received the corrected version information, rather than only seen that I sent a follow-up?
- 18 **Priya:** I confirm ⁹ _____: ten hundred preliminary, fourteen hundred final, and your earlier final label for ten hundred is withdrawn.
- 19 **Noor:** Thank you. No later amendment is established here. I'll use the same version wording in any onward communication.
- 20 **Priya:** I'll refer to the fourteen-hundred final version as the ¹⁰ _____, without inventing findings or hiding the earlier correction.

CHECK THE GAPS

1. explicit correction / 2. status label / 3. communication correction / 4. amended report / 5. issue time / 6. finding / 7. correction trail / 8. document history / 9. receipt / 10. current report

[Why these answers fit, page 133](#)

F Check accuracy and scope

Correcting the ten-o'clock report label

Return to the case

The clinic received a preliminary report at 10:00 and a final report at 14:00 for the same request. Technician Noor mistakenly called the earlier version final. Clinic contact Priya asks which report status is correct. The 14:00 final report supersedes the 10:00 preliminary version for this request. No findings, clinical conclusions, or subsequent amended report are supplied. Noor needs to correct the earlier communication clearly and retain a traceable record.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. Which claim is unsupported?

- A. Noor's earlier label was wrong
- B. An amended report was issued after 14:00
- C. The 10:00 report was preliminary
- D. The 14:00 report is final

2. What should be preserved?

- A. An invented new issue time
- B. A claim that no error occurred
- C. A traceable correction and report history under policy
- D. Only the incorrect phone message

[Answers and explanations, page 135](#)

Listen for the distinction

Switch roles and repeat both versions and times. Say communication correction without converting the sequence into an amended-report claim.

Name the correction directly

A vague later update may leave the original mistaken statement in circulation. Identify the earlier label, withdraw it explicitly, and state the correct version and time. Correcting communication is not the same as claiming the laboratory issued an amended clinical report.

F Say it / transfer to a new case

Correct the version, not the patient finding

Complete the report-status correction using only the supplied times and relationship.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

preliminary / supersedes / amended / 14:00

- 01 **Technician:** The 10:00 report was ¹ _____.
- 02 **Clinic:** The ² _____ report is final.
- 03 **Technician:** The final report ³ _____ the earlier version.
- 04 **Clinic:** No later ⁴ _____ report is supplied.

CHECK THE GAPS

1. preliminary / 2. 14:00 / 3. supersedes / 4. amended

[Why these answers fit, page 135](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Correcting the ten-o'clock report label". Noor: "Please link this correction to the inaccurate message rather than silently replacing it. The next reader should know what was corrected." Priya: [missing response] Noor: "The earlier report also belongs in the retained version record under policy. Superseded does not mean erase the history." Which response belongs in the gap?

- A.** I'll preserve the correction trail through the applicable record process. That keeps the original error and its correction traceable.
- B.** An amended report would need its own formal status and record. The supplied sequence is preliminary followed by final.
- C.** I'll refer to the fourteen-hundred final version as the current report, without inventing findings or hiding the earlier correction.
- D.** I confirm receipt: ten hundred preliminary, fourteen hundred final, and your earlier final label for ten hundred is withdrawn.

[Answers and explanations, page 136](#)

Review 3 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Turnaround times and realistic updates" and "Preliminary, final, and amended reports". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Recorded time the laboratory received the specimen. Which term fits?

- A. receipt-to-report interval
- B. estimate
- C. queue status
- D. receipt time

2. A colleague needs the term for this meaning: Explicit repair of an inaccurate spoken or written message. Which term fits?

- A. revision reason
- B. communication correction
- C. preliminary report
- D. correction trail

3. Rebuild the exchange from "The service visit ended; H2 is still unavailable". Noor: "The clinic is asking if this was a reagent problem. I don't see a reagent batch or fault finding in the information we have." Elena: [missing response] Noor: "Someone has also described calibration as passed. We don't have that result from the completed visit, do we?" Which response belongs in the gap?

- A. Keep the instrument status separate from the visit time. I have not confirmed return to service, so unavailable remains the status you can report.
- B. Good. A reagent lot reference would be a specific technical claim. We have no such finding here, and it should not be added to make the explanation sound complete.
- C. Correct. Calibration status and settings belong to the applicable technical process. This conversation is about accurate coordination, not an instruction to perform or bypass that work.
- D. The service report is relevant to the authorized review, but do not invent its contents. No repair steps or completed verification findings are supplied in this exchange.

Review 3 / Meaning and context / continued

4. Rebuild the exchange from "Correcting the ten-o'clock report label". Noor: "Can you confirm that you've received the corrected version information, rather than only seen that I sent a follow-up?" Priya: [missing response] Noor: "Thank you. No later amendment is established here. I'll use the same version wording in any onward communication." Which response belongs in the gap?

- A.** I'll preserve the correction trail through the applicable record process. That keeps the original error and its correction traceable.
- B.** An amended report would need its own formal status and record. The supplied sequence is preliminary followed by final.
- C.** I confirm receipt: ten hundred preliminary, fourteen hundred final, and your earlier final label for ten hundred is withdrawn.
- D.** I'll refer to the fourteen-hundred final version as the current report, without inventing findings or hiding the earlier correction.

[Answers and explanations, page 153](#)

A Read the situation

LESSON 07 / CRITICAL NOTIFICATIONS AND ACKNOWLEDGED HANDOFFS

Deliver and correct a critical-result message with an exact value, unit, complete read-back, and confirmed receipt.

Six point four, not six point one

Fictional Lumen laboratory designates C7's potassium result of 6.4 mmol/L as critical under its own criteria. The unit mmol/L means millimoles per liter. Case identity and Dr Shah's receiving authority are already verified. The report was issued at 14:10, and the call occurs at 14:12. Dr Shah is at extension 214 and initially repeats 6.1. Technician Noor must correct the value, obtain a complete read-back, and confirm receipt. No diagnosis, treatment, or universal critical threshold is supplied.

People: Noor, Laboratory technician; Dr Shah, Verified authorized recipient.

Read the record

Choose one answer per question using the facts above.

1. What potassium value must be communicated?

- A. 14.10 mmol/L
- B. 214 mmol/L
- C. 6.4 mmol/L
- D. 6.1 mmol/L

2. What is already verified?

- A. A treatment plan
- B. A universal critical threshold
- C. A diagnosis
- D. Case identity and Dr Shah's receiving authority

3. Which time is the call time?

- A. 14:10
- B. 02:14
- C. 06:40
- D. 14:12

[Answers and explanations, page 137](#)

B Vocabulary in use

CORE TERMS

critical result

Result requiring urgent notification under the laboratory's defined criteria.

communicate a critical result

potassium

Chemical element measured as an analyte in this fictional report.

state the potassium result

numerical value

Number reported with the relevant analyte and unit.

correct the numerical value

decimal point

Mark separating the whole and fractional parts of a number.

pronounce the decimal point

closed-loop communication

Exchange in which the recipient repeats and sender confirms the message.

complete closed-loop communication

authorized recipient

Person verified as permitted to receive the information.

identify the authorized recipient

critical notification

Communication of a locally designated critical result.

document the critical notification

millimoles per liter

Concentration unit written mmol/L.

say millimoles per liter

unit of measurement

Scale or quantity expression accompanying a value.

retain the unit of measurement

read-back

Recipient's spoken repetition of the received message.

obtain a complete read-back

acknowledgment

Explicit confirmation that a message was received.

obtain acknowledgment

verified identity

Identity established through the required checks.

preserve verified identity

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

critical result CRITICAL RESULT

communicate a critical result

Keep the meaning precise: Result requiring urgent notification under the laboratory's defined criteria.

unit of measurement UNIT OF MEASUREMENT

retain the unit of measurement

Keep the meaning precise: Scale or quantity expression accompanying a value.

B Precision and professional shorthand

EXTEND YOUR RANGE

report issue time

Time at which the report was issued.
state the report issue time

contact extension

Internal telephone number for the recipient.
confirm the contact extension

verbal correction

Spoken statement replacing inaccurate information.
make a verbal correction

local critical criteria

Laboratory-specific rules defining critical designation.
apply local critical criteria

sender confirmation

Speaker's check that the repeated message is accurate.
give sender confirmation

clinical action

Patient-care decision made by an appropriately authorized professional.
separate clinical action

notification time

Time at which the communication occurs.
record the notification time

discrepant repeat

Read-back differing from the intended message.
correct a discrepant repeat

complete message

Required case reference, analyte, value, unit, and relevant status details.
repeat the complete message

notification record

Documentation of the communication and its receipt.
complete the notification record

recipient role

Function or authority of the person receiving information.
record the recipient role

communication discrepancy

Difference between intended and received information.
resolve the communication discrepancy

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

verified identity VERIFIED IDENTITY

preserve verified identity

Keep the meaning precise: Identity established through the required checks.

verbal correction VERBAL CORRECTION

make a verbal correction

Keep the meaning precise: Spoken statement replacing inaccurate information.

Phrases that move the work forward

Identify the notification

This is Lumen laboratory with a critical-result notification for verified case C7.

State the value and unit

The result is six point four millimoles per liter.

Give the report time

The report was issued at fourteen ten.

Interrupt the error

Correction: six point four, not six point one.

Request a complete second read-back

Please repeat the complete message again.

Confirm the recipient

You are Dr Shah at extension two one four.

Distinguish times

The report time is fourteen ten; this call is at fourteen twelve.

Separate clinical decisions

This notification does not supply a diagnosis or treatment instruction.

State the analyte

The analyte is potassium.

Attribute the designation

Lumen designates this result critical under its own criteria.

Request repetition

Please read back the case, analyte, value, and unit.

Repeat the whole value

Potassium, six point four millimoles per liter.

Confirm accuracy

That read-back is correct.

Confirm receipt

Please confirm receipt of this critical-result notification.

Keep the record exact

I will document the recipient, times, correction, and confirmed read-back.

Close the communication loop

The corrected value and unit have been read back accurately and receipt confirmed.

Precision in real exchanges

Purpose: Attribute the designation

Useful wording: Lumen designates this result critical under its own criteria.

Purpose: Give the report time

Useful wording: The report was issued at fourteen ten.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which correction is precise?

- A.** Correction: potassium 6.4 mmol/L, not 6.1; please read back the complete result
- B.** Yes, close enough
- C.** Change it to whatever you heard
- D.** It is probably six something

2. Which read-back is complete for the result?

- A.** Potassium, six point one
- B.** Extension 214 is critical
- C.** C7, potassium, 6.4 millimoles per liter
- D.** Six point four only

3. A colleague needs the term for this meaning: Concentration unit written mmol/L. Which term fits?

- A.** closed-loop communication
- B.** millimoles per liter
- C.** sender confirmation
- D.** contact extension

D Choose the response that fits / continued

4. Rebuild the exchange from "Six point four, not six point one". Noor: "That read-back is correct. Please confirm receipt of the critical notification. Our case-identity and receiving-authority checks were completed before this exchange." Dr Shah: [missing response] Noor: "Thank you. This call is at fourteen twelve; the report issue time is fourteen ten. I'll keep those events separate." Which response belongs in the gap?

- A.** Any clinical action will go through the appropriate patient-care process. Please retain the notification record while I attend to that responsibility.
- B.** I confirm receipt of the critical notification for C7: potassium six point four millimoles per liter, with the report issued at fourteen ten.
- C.** Yes, retain that communication discrepancy. The error was in my initial repetition, not a newly amended laboratory value.
- D.** My read-back is C7, potassium, six point one millimoles per liter, report issued at fourteen ten. Have I received that correctly?

[Answers and explanations, page 137](#)

One useful distinction

The correct value is 6.4 mmol/L, spoken six point four millimoles per liter. The incorrect 6.1 read-back must be corrected immediately and followed by a complete accurate repetition, not a vague yes or okay.

E Conversation

Six point four, not six point one

Six point four, not six point one

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

communication discrepancy / numerical value / notification time / contact extension /
closed-loop communication / receipt / complete message / clinical action / read-back /
millimoles per liter

- 01 **Noor:** Dr Shah, this is Noor at Lumen laboratory. For verified case C7, potassium is six point four millimoles per liter, designated critical by Lumen. The report was issued at fourteen ten. Please read it back.
- 02 **Dr Shah:** My ¹ _____ is C7, potassium, six point one millimoles per liter, report issued at fourteen ten. Have I received that correctly?
- 03 **Noor:** Correction: six point four, not six point one. For C7, potassium is six point four millimoles per liter, critical under Lumen's criteria, report issued at fourteen ten. Please repeat the complete message.
- 04 **Dr Shah:** C7, potassium, six point four ² _____, critical under Lumen's criteria, report issued at fourteen ten.
- 05 **Noor:** That read-back is correct. Please confirm receipt of the critical notification. Our case-identity and receiving-authority checks were completed before this exchange.
- 06 **Dr Shah:** I confirm ³ _____ of the critical notification for C7: potassium six point four millimoles per liter, with the report issued at fourteen ten.
- 07 **Noor:** Thank you. This call is at fourteen twelve; the report issue time is fourteen ten. I'll keep those events separate.
- 08 **Dr Shah:** Agreed. Fourteen twelve is the ⁴ _____, not a revised issue time.
- 09 **Noor:** Please confirm extension two-one-four for the communication record. The receiving identity and authority checks are already complete.
- 10 **Dr Shah:** Two-one-four is my ⁵ _____. It isn't part of the concentration or the report time.

Conversation continues on the next page.

Six point four, not six point one

CONVERSATION / CONTINUED

- 11 **Noor:** I'll record that the initial six-point-one repeat was corrected and the complete six-point-four message confirmed.
- 12 **Dr Shah:** Yes, retain that ⁶ _____. The error was in my initial repetition, not a newly amended laboratory value.
- 13 **Noor:** Correct. I haven't changed the result. The report remains potassium six point four millimoles per liter.
- 14 **Dr Shah:** That is the confirmed ⁷ _____. Keep the unit with it, not just the digits.
- 15 **Noor:** The laboratory notification is now acknowledged. No treatment instruction has been supplied in this call.
- 16 **Dr Shah:** Any ⁸ _____ will go through the appropriate patient-care process. Please retain the notification record while I attend to that responsibility.
- 17 **Noor:** I will retain C7, potassium, six point four, millimoles per liter, Lumen's critical designation, and fourteen-ten report time.
- 18 **Dr Shah:** That preserves the ⁹ _____ I received, along with the separate call time and corrected read-back.
- 19 **Noor:** Your accurate repeat and acknowledgment are recorded. I won't substitute message sent for confirmed receipt.
- 20 **Dr Shah:** Thank you. That completes the ¹⁰ _____ for the notification; the subsequent care decisions remain separate.

CHECK THE GAPS

1. read-back / 2. millimoles per liter / 3. receipt / 4. notification time / 5. contact extension / 6. communication discrepancy / 7. numerical value / 8. clinical action / 9. complete message / 10. closed-loop communication

[Why these answers fit, page 139](#)

F Check accuracy and scope

Six point four, not six point one

Return to the case

Fictional Lumen laboratory designates C7's potassium result of 6.4 mmol/L as critical under its own criteria. The unit mmol/L means millimoles per liter. Case identity and Dr Shah's receiving authority are already verified. The report was issued at 14:10, and the call occurs at 14:12. Dr Shah is at extension 214 and initially repeats 6.1. Technician Noor must correct the value, obtain a complete read-back, and confirm receipt. No diagnosis, treatment, or universal critical threshold is supplied.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. What does 214 identify?

- A. A critical threshold
- B. Dr Shah's contact extension
- C. The potassium value
- D. The report time

2. Which conclusion is not authorized by the scenario?

- A. A corrected and confirmed read-back
- B. A specific diagnosis or treatment plan
- C. Lumen's local critical designation
- D. The exact value and unit

[Answers and explanations, page 140](#)

Listen for the distinction

Switch roles. Read the record details: report fourteen ten, notification fourteen twelve, extension two-one-four. Keep each number attached to its purpose.

Interrupt an inaccurate repeat clearly

Politeness should not obscure a wrong number. Say correction, give the exact value and unit, and ask for the complete message again. This scenario begins after identity and receiving authority have been verified; the abbreviated case label does not replace real patient-identification requirements.

F Say it / transfer to a new case

Correct, repeat, confirm

Complete the result exchange. Identity and authority are already verified; the critical designation is specific to fictional Lumen.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

14:12 / 14:10 / 6.4 / millimoles per liter

- 01 **Technician:** Correction: potassium ¹ _____ mmol/L, not 6.1.
- 02 **Recipient:** The unit means ² _____.
- 03 **Technician:** The report was issued at ³ _____.
- 04 **Recipient:** This notification call occurs at ⁴ _____.

CHECK THE GAPS

1. 6.4 / 2. millimoles per liter / 3. 14:10 / 4. 14:12

[Why these answers fit, page 140](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Six point four, not six point one". Noor: "Correct. I haven't changed the result. The report remains potassium six point four millimoles per liter." Dr Shah: [missing response] Noor: "The laboratory notification is now acknowledged. No treatment instruction has been supplied in this call." Which response belongs in the gap?

- A.** That preserves the complete message I received, along with the separate call time and corrected read-back.
- B.** Two-one-four is my contact extension. It isn't part of the concentration or the report time.
- C.** Thank you. That completes the closed-loop communication for the notification; the subsequent care decisions remain separate.
- D.** That is the confirmed numerical value. Keep the unit with it, not just the digits.

[Answers and explanations, page 141](#)

A Read the situation

LESSON 08 / REFERRAL LABORATORIES AND OUTSTANDING WORK

Distinguish courier delivery from referral acceptance and transfer a pending enquiry with explicit ownership and an update commitment.

Delivered parcel, unconfirmed accession, accepted handover

Send-out X8 appears on Monday's manifest. The courier confirms parcel delivery on Tuesday, but the referral laboratory has not confirmed accession acceptance for X8. Noor's shift is ending. Incoming technician Eli accepts responsibility for the enquiry and the agreed 15:00 clinic update. No result date is confirmed. The handover must preserve the difference between parcel delivery, individual accession acceptance, and the promise to provide an update rather than a result.

People: Noor, Outgoing laboratory technician; Eli, Incoming laboratory technician.

Read the record

Choose one answer per question using the facts above.

1. What does the courier confirm?

- A. A Friday reporting promise
- B. Parcel delivery on Tuesday
- C. X8's accession acceptance
- D. A completed patient result

2. What remains unconfirmed?

- A. X8's accession acceptance
- B. Its appearance on Monday's manifest
- C. Parcel delivery on Tuesday
- D. Eli's acceptance of the enquiry

3. What does Eli accept?

- A. A guaranteed result by 15:00
- B. Permission to invent a referral number
- C. Responsibility for an already final result
- D. The enquiry and the 15:00 clinic update

[Answers and explanations, page 142](#)

B Vocabulary in use

CORE TERMS

referral laboratory

External laboratory receiving work referred for testing.

contact the referral laboratory

manifest

Record listing items included in a shipment.

check the manifest

parcel delivery

Arrival of a transport package at its destination.

confirm parcel delivery

delivery confirmation

Evidence that the transport package arrived.

retain delivery confirmation

tracking number

Transport identifier used to follow a shipment.

verify the tracking number

dispatch record

Record of sending an item onward.

consult the dispatch record

send-out

Specimen or request sent to another laboratory for work.

track the send-out

courier

Service transporting the parcel.

contact the courier

accession acceptance

Referral laboratory's recorded acceptance of the individual request or specimen.

confirm accession acceptance

referral reference

Identifier used for the externally referred work.

request the referral reference

chain of custody

Documented sequence of possession and transfer where required.

preserve chain of custody

outstanding enquiry

Follow-up question not yet resolved.

transfer the outstanding enquiry

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

referral laboratory REFERRAL LABORATORY

contact the referral laboratory

Keep the meaning precise: External laboratory receiving work referred for testing.

accession acceptance ACCESSION ACCEPTANCE

confirm accession acceptance

Keep the meaning precise: Referral laboratory's recorded acceptance of the individual request or specimen.

B Precision and professional shorthand

EXTEND YOUR RANGE

handover

Transfer of status, responsibility, and next actions.

complete the handover

outgoing technician

Staff member transferring work before leaving.

support the outgoing technician

acceptance acknowledgment

Explicit statement accepting a responsibility or received item.

obtain acceptance acknowledgment

result date

Confirmed or proposed date for an issued finding.

avoid inventing a result date

transport milestone

Recorded event in the movement of a parcel.

distinguish a transport milestone

follow-up ownership

Assigned responsibility for continuing an enquiry.

transfer follow-up ownership

incoming technician

Staff member taking over work at a shift transition.

identify the incoming technician

action owner

Person explicitly responsible for the next task.

name the action owner

update time

Agreed time to communicate current status.

preserve the update time

pending accession

Status where registration or acceptance remains unresolved.

report pending accession

laboratory milestone

Recorded event in laboratory processing or acceptance.

confirm the laboratory milestone

continuity

Preservation of work and communication across a transition.

maintain continuity

Say it in context

Stress the highlighted expression. Keep the surrounding words connected; pause at the end of the phrase.

outstanding enquiry **OUTSTANDING ENQUIRY**

transfer the outstanding enquiry

Keep the meaning precise: Follow-up question not yet resolved.

acceptance acknowledgment **ACCEPTANCE ACKNOWLEDGMENT**

obtain acceptance acknowledgment

Keep the meaning precise: Explicit statement accepting a responsibility or received item.

Phrases that move the work forward

Identify the send-out

This handover concerns X8.

State the transport evidence

The courier confirms parcel delivery on Tuesday.

Avoid upgrading evidence

Delivered does not mean individually accepted.

Transfer responsibility

Can you accept this outstanding enquiry?

Preserve the clinic commitment

The agreed clinic update is at fifteen hundred.

Avoid inventing a reference

Do not create a referral accession number.

Request an accurate update

Report the actual status even if acceptance remains unresolved.

Close the shift handover

Eli has accepted the enquiry and the clinic update.

State the dispatch evidence

X8 appears on Monday's manifest.

Name the missing milestone

Referral accession acceptance is not confirmed.

Name the enquiry

We need confirmation of X8's accession acceptance.

Accept explicitly

I accept responsibility for following up X8.

Separate result timing

No result date is confirmed.

Keep the source visible

Attribute delivery to the courier and acceptance to the referral laboratory.

Preserve the record

Keep the manifest and delivery confirmation linked to X8.

Maintain the boundary

Follow-up accepted does not mean testing completed.

Precision in real exchanges

Purpose: Name the missing milestone

Useful wording: Referral accession acceptance is not confirmed.

Purpose: Avoid upgrading evidence

Useful wording: Delivered does not mean individually accepted.

D Choose the response that fits

Choose one response for each situation. Preserve the facts, the decision boundary, and the purpose of the exchange.

1. Which summary is accurate?

- A.** The manifest confirms a reporting date
- B.** X8 is on Monday's manifest; its parcel arrived Tuesday; accession acceptance is unconfirmed
- C.** X8 is accepted because the parcel arrived
- D.** X8 has a final result

2. What is the precise follow-up question?

- A.** Has the referral laboratory accepted X8's accession?
- B.** Did the courier diagnose the patient?
- C.** Can we invent a result date?
- D.** Was every parcel in the country delivered?

3. A colleague needs the term for this meaning: Service transporting the parcel. Which term fits?

- A.** transport milestone
- B.** courier
- C.** tracking number
- D.** outgoing technician

D Choose the response that fits / continued

4. Rebuild the exchange from "Delivered parcel, unconfirmed accession, accepted handover". Noor: "I'll leave you both records. The manifest supports dispatch; the courier record supports arrival. Neither is an issued-result notice." Eli: [missing response] Noor: "The clinic is expecting a status update at fifteen hundred. That commitment remains even if the acceptance enquiry is unresolved." Which response belongs in the gap?

- A.** I will preserve the dispatch record and the courier evidence. I will not replace those source details with a single vague status such as received and complete.
- B.** That maintains continuity. I will follow up the acceptance question and give the clinic the actual status at fifteen hundred, without claiming a result that has not been confirmed.
- C.** I accept the update time of fifteen hundred as part of the handover. If accession acceptance remains unresolved, the update must state that accurately.
- D.** Then the outstanding enquiry is specifically about X8's accession acceptance. I will not treat parcel arrival as evidence that this particular item was accepted for work.

[Answers and explanations, page 142](#)

One useful distinction

Monday's manifest records X8 in the outgoing shipment, and Tuesday's courier confirmation establishes parcel delivery. Neither document by itself establishes the referral laboratory's accession acceptance of X8.

E Conversation

Delivered parcel, unconfirmed accession, accepted handover

Delivered parcel, unconfirmed accession, accepted handover

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

continuity / delivery confirmation / follow-up ownership / acceptance acknowledgment /
laboratory milestone / dispatch record / outstanding enquiry / result date /
referral reference / update time

- 01 **Noor:** Can you take over X8 before I leave? Monday's manifest lists it, and the parcel was delivered Tuesday, but one laboratory status is still missing.
- 02 **Eli:** What is the outstanding ¹ _____? I want to separate what the courier has confirmed from what the referral laboratory has actually acknowledged.
- 03 **Noor:** It's the individual accession acceptance. The referral laboratory hasn't confirmed accepting X8, even though the courier delivered the parcel.
- 04 **Eli:** Then the ² _____ is specifically about X8's accession acceptance. I will not treat parcel arrival as evidence that this particular item was accepted for work.
- 05 **Noor:** I'll leave you both records. The manifest supports dispatch; the courier record supports arrival. Neither is an issued-result notice.
- 06 **Eli:** I will preserve the ³ _____ and the courier evidence. I will not replace those source details with a single vague status such as received and complete.
- 07 **Noor:** The clinic is expecting a status update at fifteen hundred. That commitment remains even if the acceptance enquiry is unresolved.
- 08 **Eli:** I accept the ⁴ _____ of fifteen hundred as part of the handover. If accession acceptance remains unresolved, the update must state that accurately.
- 09 **Noor:** Can you explicitly take the enquiry as well as the call? I need to know who will continue it after this shift.
- 10 **Eli:** Yes. I accept ⁵ _____ for X8's accession enquiry and the clinic update. I will carry both tasks forward under the laboratory's actual process.

Conversation continues on the next page.

Delivered parcel, unconfirmed accession, accepted handover

CONVERSATION / CONTINUED

- 11 **Noor:** The referral's accession field is blank in the information I have. X8 is our send-out reference, not a newly confirmed external accession.
- 12 **Eli:** Understood. A ⁶ _____ needs the appropriate source. I will preserve X8 as the send-out reference while seeking the missing acceptance information.
- 13 **Noor:** If someone says received, please ask whether they mean the whole parcel or acceptance of the individual specimen.
- 14 **Eli:** I will call it ⁷ _____, not accession confirmation. The referral laboratory must establish the individual laboratory status we are asking about.
- 15 **Noor:** We also have no result date. Please don't turn the fifteen-hundred update into a promise that the report will be ready.
- 16 **Eli:** No ⁸ _____ is confirmed. I will not turn the fifteen-hundred update into a reporting promise or infer a date from the transport timeline.
- 17 **Noor:** I'll read back the handover: X8 dispatched Monday, parcel delivered Tuesday, accession acceptance outstanding; you own that enquiry and the fifteen-hundred update.
- 18 **Eli:** That is my ⁹ _____ of the handover. I accept those two responsibilities, with the accession status and result timing still unresolved as stated.
- 19 **Noor:** Thanks. I'll record your acceptance before leaving. The unresolved enquiry now has an owner, but the laboratory status itself has not changed.
- 20 **Eli:** That maintains ¹⁰ _____. I will follow up the acceptance question and give the clinic the actual status at fifteen hundred, without claiming a result that has not been confirmed.

CHECK THE GAPS

1. laboratory milestone / 2. outstanding enquiry / 3. dispatch record / 4. update time / 5. follow-up ownership / 6. referral reference / 7. delivery confirmation / 8. result date / 9. acceptance acknowledgment / 10. continuity

[Why these answers fit, page 143](#)

F Check accuracy and scope

Delivered parcel, unconfirmed accession, accepted handover

Return to the case

Send-out X8 appears on Monday's manifest. The courier confirms parcel delivery on Tuesday, but the referral laboratory has not confirmed accession acceptance for X8. Noor's shift is ending. Incoming technician Eli accepts responsibility for the enquiry and the agreed 15:00 clinic update. No result date is confirmed. The handover must preserve the difference between parcel delivery, individual accession acceptance, and the promise to provide an update rather than a result.

Choose one answer per question. Use the case facts and keep any uncertainty or limits intact.

1. What should happen at 15:00 under the agreed handover?

- A.** A final result is guaranteed
- B.** The enquiry disappears automatically
- C.** Noor is assumed to remain on shift
- D.** Eli gives the clinic the actual status

2. Which statement confirms ownership?

- A.** I accept the X8 enquiry and the 15:00 clinic update
- B.** Someone probably saw the note
- C.** Delivered means everything is finished
- D.** No reply means accepted

[Answers and explanations, page 145](#)

Listen for the distinction

Switch roles. Have Eli explicitly accept both the X8 enquiry and the fifteen-hundred clinic update, not just receipt of a note.

A message left is not a responsibility accepted

A useful handover ends with the incoming colleague naming the work they accept. Keep the exact unresolved question and the promised update time visible. Evidence of transport progress should not be upgraded to specimen acceptance or a confirmed result date.

F Say it / transfer to a new case

Transfer the question and the commitment

Complete the shift handover without upgrading parcel delivery to laboratory acceptance.

Complete the four gaps. With a partner, read alternate roles, then switch. Studying alone, read both roles and pause before each response.

WORD AND PHRASE BANK

unconfirmed / Tuesday / X8 / 15:00

- 01 **Outgoing:** The send-out reference is ¹ _____.
- 02 **Incoming:** The courier confirms delivery on ² _____.
- 03 **Outgoing:** Accession acceptance remains ³ _____.
- 04 **Incoming:** I accept the enquiry and the ⁴ _____ clinic update.

CHECK THE GAPS

1. X8 / 2. Tuesday / 3. unconfirmed / 4. 15:00

[Why these answers fit, page 145](#)

Rebuild the exchange

Choose the missing response. Read the completed three-turn exchange aloud, changing roles on the second reading.

1. Rebuild the exchange from "Delivered parcel, unconfirmed accession, accepted handover". Noor: "If someone says received, please ask whether they mean the whole parcel or acceptance of the individual specimen." Eli: [missing response] Noor: "We also have no result date. Please don't turn the fifteen-hundred update into a promise that the report will be ready." Which response belongs in the gap?

- A.** I will call it delivery confirmation, not accession confirmation. The referral laboratory must establish the individual laboratory status we are asking about.
- B.** What is the outstanding laboratory milestone? I want to separate what the courier has confirmed from what the referral laboratory has actually acknowledged.
- C.** Understood. A referral reference needs the appropriate source. I will preserve X8 as the send-out reference while seeking the missing acceptance information.
- D.** I accept the update time of fifteen hundred as part of the handover. If accession acceptance remains unresolved, the update must state that accurately.

[Answers and explanations, page 146](#)

Review 4 / Meaning and context

Use language from the lessons you have completed. Choose one answer per question.

Case file

Revisit "Critical notifications and acknowledged handoffs" and "Referral laboratories and outstanding work". Choose precise terminology, then reconstruct the missing responses using both neighboring turns. The final two questions also revisit earlier conversations.

1. A colleague needs the term for this meaning: Chemical element measured as an analyte in this fictional report. Which term fits?

- A. notification record
- B. notification time
- C. read-back
- D. potassium

2. A colleague needs the term for this meaning: Identifier used for the externally referred work. Which term fits?

- A. referral laboratory
- B. result date
- C. referral reference
- D. handover

3. Rebuild the exchange from "Correcting the ten-o'clock report label". Noor: "Can you repeat the two versions back? I want to make sure the earlier mistake is not carried forward." Priya: [missing response] Noor: "That's correct. We haven't been given the clinical content of either version, so I can't describe a change in the patient's result." Which response belongs in the gap?

- A. Ten hundred: preliminary. Fourteen hundred: final. I'll retain each issue time beside the corresponding status.
- B. Thank you for the explicit correction. I'll correct my note before passing the earlier label on.
- C. Understood. The document history stays intact while the fourteen-hundred final version is identified as current for this request.
- D. An amended report would need its own formal status and record. The supplied sequence is preliminary followed by final.

Review 4 / Meaning and context / continued

4. Rebuild the exchange from "Delivered parcel, unconfirmed accession, accepted handover". Noor: "I'll read back the handover: X8 dispatched Monday, parcel delivered Tuesday, accession acceptance outstanding; you own that enquiry and the fifteen-hundred update." Eli: [missing response] Noor: "Thanks. I'll record your acceptance before leaving. The unresolved enquiry now has an owner, but the laboratory status itself has not changed." Which response belongs in the gap?

- A.** That is my acceptance acknowledgment of the handover. I accept those two responsibilities, with the accession status and result timing still unresolved as stated.
- B.** Yes. I accept follow-up ownership for X8's accession enquiry and the clinic update. I will carry both tasks forward under the laboratory's actual process.
- C.** I accept the update time of fifteen hundred as part of the handover. If accession acceptance remains unresolved, the update must state that accurately.
- D.** No result date is confirmed. I will not turn the fifteen-hundred update into a reporting promise or infer a date from the transport timeline.

[Answers and explanations, page 155](#)

Language for the next case

Three and a half standard deviations, not three and a half percent

standard deviation

Standard deviation is the supplied spread statistic of 2 mg/L; dividing the 7 mg/L difference by it gives 3.5, not 3.5 percent.

Ben: Yes. The result is seven milligrams per liter above the established mean. Dividing that difference by the two-milligram-per-liter standard deviation gives three-point-five.

inclusive limit

The supplied local rule includes an absolute z-score equal to three, as well as values greater than three; it is not a universal laboratory rule.

Ben: Correct. An inclusive limit includes equality. Don't rewrite the rule as greater than three when describing why it applies.

trend

A trend requires a pattern across observations; the single supplied high point cannot establish a sustained directional pattern or its cause.

Ben: No. A trend needs a pattern over time. A single point can trigger the stated rule without telling us why it occurred.

z-score

The z-score is $(107 - 100)/2 = +3.5$, a unitless standardized distance above the established mean; the percentage difference is separately seven percent.

Ben: Exactly. The z-score is positive three-point-five, while the percentage above the mean is seven percent. Keep both labels with their numbers.

coefficient of variation

The supplied established SD divided by its mean, multiplied by one hundred, is two percent; this CV describes those established statistics, not proof that the current run is acceptable.

Ben: That is the coefficient of variation for the supplied statistics. It does not make this particular result acceptable or establish a completed review.

review outcome

No authorized review outcome is supplied; the hold and correct arithmetic do not establish a cause, technical remedy, or permission to release the affected reports.

Ben: Right. The review outcome remains pending. Preserve the result and its context rather than replacing an unexplained observation with a guessed cause.

Read the phrases aloud. Then complete the conversation on the following pages using the word bank.

Conversation

Three and a half standard deviations, not three and a half percent

Fictional control M: established mean 100 mg/L, standard deviation (SD) 2 mg/L, observed result 107 mg/L. The target statistics apply to this control and lot. Local rule: absolute z-score of 3 or more triggers a hold and authorized review. The affected reports are already withheld and the lead notified. Use $z = (\text{result} - \text{mean})/\text{SD}$ and coefficient of variation (CV) = $\text{SD}/\text{mean} \times 100\%$. No review outcome or restart permission is supplied.

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

standard deviation / coefficient of variation / inclusive limit / trend / review outcome / z-score

- 01 **Noor:** The worksheet says the control is three-point-five percent high. I think it mixes two different calculations. Can we correct that before the review?
- 02 **Ben:** Yes. The result is seven milligrams per liter above the established mean. Dividing that difference by the two-milligram-per-liter ¹ _____ gives three-point-five.
- 03 **Noor:** So the result is three-and-a-half standard deviations above the mean. For percentage difference, the denominator would be the mean of one hundred.
- 04 **Ben:** Exactly. The ² _____ is positive three-point-five, while the percentage above the mean is seven percent. Keep both labels with their numbers.
- 05 **Noor:** Our local hold rule includes an absolute score of exactly three. This result is above that boundary, and the hold is already in place.
- 06 **Ben:** Correct. An ³ _____ includes equality. Don't rewrite the rule as greater than three when describing why it applies.

Conversation / continued

- 07 **Noor:** What does two divided by one hundred tell us? Someone has added two percent next to the control's historical statistics.
- 08 **Ben:** That is the ⁴ _____ for the supplied statistics. It does not make this particular result acceptable or establish a completed review.
- 09 **Noor:** Can we call this a trend? We've only reviewed one observation, not a sequence moving upward.
- 10 **Ben:** No. A ⁵ _____ needs a pattern over time. A single point can trigger the stated rule without telling us why it occurred.

Conversation continues on the next page.

Three and a half standard deviations, not three and a half percent

CONVERSATION / CONTINUED

- 11 **Noor:** Then I should not write that calibration caused it, or that recalibration is the solution. Neither is in the evidence we have.
- 12 **Ben:** Right. The ⁶ _____ remains pending. Preserve the result and its context rather than replacing an unexplained observation with a guessed cause.
- 13 **Noor:** On the Levey-Jennings display, I would locate this point above the plus-three-standard-deviation line, provided those are the same applicable target statistics.
- 14 **Ben:** Yes. The stated target and lot match here. A graph can make the distance visible, but the picture does not supply a missing investigation.
- 15 **Noor:** I'll revise the note to result one hundred seven, mean one hundred, SD two, all in milligrams per liter, and z positive three-point-five.
- 16 **Ben:** Include the separate seven-percent difference only if you label its denominator. Otherwise readers may mistake it for the CV or standardized score.
- 17 **Noor:** The established CV is two percent. I will not describe that as this run's newly demonstrated precision from one observation.
- 18 **Ben:** Good. Nor should the instrument's ready indicator be treated as cancellation of the report hold. Those are different kinds of status.
- 19 **Noor:** The handoff will preserve the held reports, notification already made, calculation correction, and pending authorized review.
- 20 **Ben:** That gives the next reviewer a usable record. It doesn't authorize an analyzer adjustment or the release of patient results.

CHECK THE GAPS

1. standard deviation / 2. z-score / 3. inclusive limit / 4. coefficient of variation / 5. trend / 6. review outcome

[Why these answers fit, page 158](#)

Equality still triggers this local rule

New fictional control: established mean 200 mg/L, SD 5 mg/L, observed 215 mg/L. Same local rule: absolute z-score of 3 or more triggers a hold and review. The lead is notified; no release is authorized.

Complete the exchange using each phrase once. Read both roles, then switch roles and repeat with the bank covered.

WORD AND PHRASE BANK

15 / three / 2.5 / held

- 01 **Technician:** The result exceeds the mean by ¹ _____ mg/L.
- 02 **Lead:** The z-score is positive ² _____ .
- 03 **Technician:** The established CV is ³ _____ percent.
- 04 **Lead:** The affected reports remain ⁴ _____ .

CHECK THE GAPS

1. 15 / 2. three / 3. 2.5 / 4. held

[Why these answers fit, page 158](#)

Keep the distinction audible

Explain a control statistic with the correct denominator and a case-specific action rule.

Language for the next case

The analyzer already applied the dilution factor

dilution factor

One volume of sample plus four volumes of diluent gives five final volumes per one sample volume, so the recorded dilution factor is five, not four.

Imani: Start with the recorded dilution factor. One sample volume plus four diluent volumes means a factor of five, not four.

factor-applied flag

The setup explicitly confirms the analyzer's documented flag, so its output of two hundred mg/L already includes the factor and must not be treated as an unadjusted reading.

Imani: Yes. The factor-applied flag explains what the output represents. Instrument and interface behavior must be checked, not assumed identical across systems.

unit label

All three supplied values use mg/L, so the discrepancy is not an mg/L-to-another-unit conversion; the extra multiplication is the documented difference.

Imani: No. The unit label has not changed. Don't attach a conversion explanation to an arithmetic step that applied a dilution factor again.

raw reading

The raw diluted-sample reading is forty mg/L before the factor is applied; it must remain distinguishable from the adjusted two-hundred-mg/L output.

Imani: Correct. Keep the raw reading separate from the adjusted output in the comparison. Both happen to use the same concentration unit.

double application

Multiplying the already adjusted two hundred by five produces one thousand, applying the same dilution factor twice rather than adding new measurement information.

Imani: That is double application of the same factor. We need to preserve that distinction in the discrepancy record.

reconciliation record

The reconciliation record should retain the raw value, factor, confirmed flag, adjusted output and discrepant draft for authorized review; identifying the mismatch does not itself authorize edits or release.

Imani: Exactly. The reconciliation record should retain the evidence and go through the authorized review and correction process.

Read the phrases aloud. Then complete the conversation on the following pages using the word bank.

Conversation

The analyzer already applied the dilution factor

Fictional training record: one sample volume plus four diluent volumes, factor 5. Raw diluted-sample reading: 40 mg/L. Confirmed analyzer flag: factor already applied; adjusted output: 200 mg/L. An unreleased laboratory information system (LIS) draft multiplies by 5 again, showing 1,000 mg/L. This is not a patient report or permission to perform a dilution, alter settings, or release results.

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

raw reading / unit label / double application / factor-applied flag / reconciliation record / dilution factor

- 01 **Noor:** The instrument output is two hundred milligrams per liter, but the unreleased information-system draft says one thousand. I want to trace where the extra multiplication happened.
- 02 **Imani:** Start with the recorded ¹ _____. One sample volume plus four diluent volumes means a factor of five, not four.
- 03 **Noor:** The raw reading from the diluted material is forty milligrams per liter. Multiplying forty by five gives two hundred for the original-sample equivalent.
- 04 **Imani:** Correct. Keep the ² _____ separate from the adjusted output in the comparison. Both happen to use the same concentration unit.
- 05 **Noor:** The documented analyzer flag confirms that it already applied five. That is stronger evidence than guessing from the size of the displayed number.
- 06 **Imani:** Yes. The ³ _____ explains what the output represents. Instrument and interface behavior must be checked, not assumed identical across systems.

Conversation / continued

- 07 **Noor:** Then the draft's second multiplication is the source of one thousand. It is five times the correctly adjusted output, not a different dilution.
- 08 **Imani:** That is ⁴ _____ of the same factor. We need to preserve that distinction in the discrepancy record.
- 09 **Noor:** Could someone describe the difference as a units conversion? Forty, two hundred, and one thousand are all labeled milligrams per liter here.
- 10 **Imani:** No. The ⁵ _____ has not changed. Don't attach a conversion explanation to an arithmetic step that applied a dilution factor again.

Conversation continues on the next page.

The analyzer already applied the dilution factor

CONVERSATION / CONTINUED

- 11 **Noor:** I can identify the mismatch, but that does not mean I should overwrite the draft or change the interface setting during this discussion.
- 12 **Imani:** Exactly. The ⁶ _____ should retain the evidence and go through the authorized review and correction process.
- 13 **Noor:** I'll list raw forty, factor five, adjusted two hundred, draft one thousand, with the same unit alongside each concentration.
- 14 **Imani:** Also identify which field supplied each value. A screenshot of a number alone can lose the distinction between raw and adjusted fields.
- 15 **Noor:** We should keep the original discrepant draft traceable if an authorized correction is made. A clean final value would not explain what changed.
- 16 **Imani:** Agreed. Preserve the applicable change history. Do not remove the evidence needed to understand the repeated multiplication.
- 17 **Noor:** And we should not claim this proves every connected analyzer handles dilution the same way. This flag was verified for this record.
- 18 **Imani:** Right. The historical manufacturer example supports why system-specific handling matters, not a universal setting or current operating procedure.
- 19 **Noor:** My handoff will say the arithmetic is reconciled to two hundred, the draft differs by a repeated factor, and release remains unauthorized.
- 20 **Imani:** That separates a checked calculation from permission to issue a report. The responsible reviewer still needs to resolve the record through the actual laboratory process.

CHECK THE GAPS

1. dilution factor / 2. raw reading / 3. factor-applied flag / 4. double application / 5. unit label / 6. reconciliation record

[Why these answers fit, page 160](#)

Identify the second multiplication

New fictional record: one sample volume plus nine diluent volumes; raw reading 7 mg/L. The confirmed analyzer flag says the factor was already applied, and output is 70 mg/L. An unreleased draft shows 700 mg/L after multiplying again. Authorized review is not complete.

Complete the exchange using each phrase once. Read both roles, then switch roles and repeat with the bank covered.

WORD AND PHRASE BANK

70 / 700 / 10 / pending

- 01 **Technician:** The recorded dilution factor is ¹ _____ .
- 02 **Specialist:** The once-adjusted concentration is ² _____ mg/L.
- 03 **Technician:** The twice-adjusted draft incorrectly shows ³ _____ mg/L.
- 04 **Specialist:** Authorized review is still ⁴ _____ .

CHECK THE GAPS

1. 10 / 2. 70 / 3. 700 / 4. pending

[Why these answers fit, page 160](#)

Keep the distinction audible

Reconcile raw and adjusted values without multiplying an already adjusted result twice.

Language for the next case

Detected does not mean reliably quantified

internal estimate

The internal estimate is 0.35 mg/L, below the stated 0.60 mg/L quantification limit; its display does not make it a reportable precise numerical concentration under this case's rule.

Leila: The internal estimate is below the stated quantification limit. The display alone doesn't establish that we may publish that number as a reliable concentration.

quantification limit

The quantification limit concerns measuring an amount with suitable precision and accuracy; the case gives 0.60 mg/L and requires a qualifier below it, rather than a numerical report of 0.35.

Leila: Yes. The quantification limit concerns suitable quantitative performance. It is not another name for the detection limit.

clinical decision limit

Clinical decision limits concern clinical interpretation and are not supplied here; analytical detection or quantification limits must not be presented as diagnostic or normal-range cutoffs.

Leila: Exactly. Nor is an analytical limit a clinical decision limit. We have no supplied basis for calling this evidence of a disease or a normal patient finding.

detection limit

The stated detection limit is 0.20 mg/L; the case separately supplies a confirmed detection call, rather than authorizing a positive call from a simple numerical comparison alone.

Leila: Correct. The detection limit and the confirmed detection call provide different information. Use the stated call, not an invented interpretation of a screen.

reporting qualifier

The case's reporting rule requires detected, below quantification limit; replacing it with zero or not detected would contradict the confirmed detection call.

Leila: No. The required reporting qualifier is detected, below quantification limit. Zero would contradict the confirmed detection and erase important information.

Display resolution

Display resolution describes how finely a screen presents values; two decimal places do not establish reliable quantification, measurement precision, or clinical significance.

Leila: Right. Display resolution and demonstrated analytical performance are not the same thing. Keep that distinction when someone asks why the displayed number is not the report.

Read the phrases aloud. Then complete the conversation on the following pages using the word bank.

Conversation

Detected does not mean reliably quantified

Fictional assay M: documented detection limit 0.20 mg/L and quantification limit 0.60 mg/L. A validated positive detection call is confirmed; the internal concentration estimate is 0.35 mg/L. This laboratory's stated reporting rule requires 'detected, below quantification limit' for this case, without publishing the estimate as a numerical result. Clinical decision limits are not supplied. The report remains unreleased.

Complete the numbered gaps. Use each bank entry once; some entries contain several words.

WORD AND PHRASE BANK

clinical decision limit / detection limit / reporting qualifier / internal estimate /
quantification limit / Display resolution

- 01 **Noor:** The screen displays zero-point-three-five milligrams per liter, but the draft report uses a qualifier. Are we omitting a result that the instrument measured?
- 02 **Leila:** The ¹ _____ is below the stated quantification limit. The display alone doesn't establish that we may publish that number as a reliable concentration.
- 03 **Noor:** Detection is already confirmed through the validated procedure. I should not infer it merely because the displayed estimate is above zero-point-two-zero.
- 04 **Leila:** Correct. The ² _____ and the confirmed detection call provide different information. Use the stated call, not an invented interpretation of a screen.
- 05 **Noor:** The quantification boundary is zero-point-six-zero. So detection can be confirmed even though this case does not meet the requirement for a numerical report.
- 06 **Leila:** Yes. The ³ _____ concerns suitable quantitative performance. It is not another name for the detection limit.

Conversation / continued

- 07 **Noor:** Would writing zero be clearer for the recipient? It would avoid presenting the uncertain zero-point-three-five value.
- 08 **Leila:** No. The required ⁴ _____ is detected, below quantification limit. Zero would contradict the confirmed detection and erase important information.
- 09 **Noor:** Then I also shouldn't say below the detection limit. That is a different boundary and would confuse why this qualifier is being used.
- 10 **Leila:** Exactly. Nor is an analytical limit a ⁵ _____. We have no supplied basis for calling this evidence of a disease or a normal patient finding.

Conversation continues on the next page.

Detected does not mean reliably quantified

CONVERSATION / CONTINUED

- 11 **Noor:** The two decimal places on the screen look very precise. But the number of printed digits does not establish measurement precision at that concentration.
- 12 **Leila:** Right. ⁶ _____ and demonstrated analytical performance are not the same thing. Keep that distinction when someone asks why the displayed number is not the report.
- 13 **Noor:** Should the report simply say less than zero-point-six? That would retain the upper quantitative boundary but leave out the confirmed detection.
- 14 **Leila:** Use the complete required wording for this case. A bare less-than statement would drop information that the supplied rule says to retain.
- 15 **Noor:** I'll keep the internal estimate in the appropriate traceable record, not move it into a patient-facing numerical field on my own.
- 16 **Leila:** Yes. Follow our reporting procedure and obtain the authorized review. Don't change the report fields before that check.
- 17 **Noor:** I understand the distinction between detection and quantification. I still need to check our reporting policy; those definitions don't establish a clinical decision threshold.
- 18 **Leila:** Correct. The provided policy is part of the case. Do not attribute it to the pharmaceutical analytical-validation reference as a universal clinical reporting instruction.
- 19 **Noor:** My handoff will retain confirmed detection, the below-quantification qualifier, and unreleased status, with no diagnosis or precise published concentration.
- 20 **Leila:** That gives the next reviewer the important distinctions. A cautious message should preserve what is known, not replace it with either false certainty or a false zero.

CHECK THE GAPS

1. internal estimate / 2. detection limit / 3. quantification limit / 4. reporting qualifier / 5. clinical decision limit / 6. Display resolution

[Why these answers fit, page 162](#)

Retain the positive detection and its qualifier

New fictional assay: detection limit 0.10 mg/L, quantification limit 0.40 mg/L, internal estimate 0.25 mg/L. Detection is confirmed by the validated procedure. The stated local rule requires detected, below quantification limit; the report is unreleased. No clinical interpretation is supplied.

Complete the exchange using each phrase once. Read both roles, then switch roles and repeat with the bank covered.

WORD AND PHRASE BANK

0.40 / unsupplied / detected / quantification

- 01 **Technician:** The confirmed analytical call is ¹ _____ .
- 02 **Reviewer:** The quantification limit is ² _____ mg/L.
- 03 **Technician:** The required qualifier is below the ³ _____ limit.
- 04 **Reviewer:** Clinical significance remains ⁴ _____ .

CHECK THE GAPS

1. detected / 2. 0.40 / 3. quantification / 4. unsupplied

[Why these answers fit, page 162](#)

Keep the distinction audible

Preserve analytical qualifiers without converting detection into a diagnosis or precise concentration.

01 / Answers and explanations

A / Read the situation

A1. Which accession appears in the receiving log?

B. A314

The briefing identifies A314 as the accession in the receiving log.

[Return to the exercise, page 4](#)

A2. Which reference does the caller request?

C. A341

Mira asks about A341, which differs from the logged A314.

[Return to the exercise, page 4](#)

A3. What has been established about identity?

A. No match has been established

Similar digits do not establish a match, an error, or permission to disclose.

[Return to the exercise, page 4](#)

D / Response choices

D1. Which response is appropriate before verification?

B. You asked about A341; please complete the required case verification

The appropriate response repeats the supplied reference and preserves the verification requirement.

[Return to the exercise, page 8](#)

D2. What does the digit resemblance establish?

B. A possible mismatch requiring checking, not identity

Similar digits do not establish identity, responsibility for an error, or report status.

[Return to the exercise, page 8](#)

01 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Record of items received by the laboratory. Which term fits?

D. receiving log

A Not here. identifier mismatch: Difference between references that should be reconciled. The usual combination is "report an identifier mismatch".

B Not here. confidentiality: Protection of information from unauthorized disclosure. The usual combination is "maintain confidentiality".

C Not here. source record: Original or authoritative record for the fact being checked. The usual combination is "consult the source record".

D Correct. receiving log: Record of items received by the laboratory. The usual combination is "check the receiving log".

[Return to the exercise, page 8](#)

D4. Rebuild the exchange from "A314 in the log, A341 in the request". Mira: "If you can search the log, why can't we just use the closest number and confirm it afterward?" Noor: [missing response] Mira: "Understood. I'll keep our request separate until the required checks link it to the right case." Which response belongs in the gap?

B. I can consult the accession log. That does not replace the case and recipient checks required by our process, and I cannot offer another case as a likely answer.

A Not here. This line belongs to turn 2, after Mira says: "I have A341 on our request. Could you check the case status? I'm calling from the clinic." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Noor's response in turn 6. It connects Mira's preceding point with Mira's follow-up. Accession log is the laboratory record Noor can check, without treating a similar entry as an authorized case match.

C Not here. This line belongs to turn 4, after Mira says: "I may have transposed two digits. Could you tell me which other reference looks closest?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 10, after Mira says: "I can use the usual protected verification route. Should I send the details through that process rather than this enquiry?" It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 8](#)

E / Conversation

1. verification

Turn 2. Verification must establish the correct case and permitted recipient before Noor discusses case-specific information.

01 / Answers and explanations / continued

2. transcription error

Turn 4. Transcription error is only a possibility, not an established explanation for the difference between references.

3. accession log

Turn 6. Accession log is the laboratory record Noor can check, without treating a similar entry as an authorized case match.

4. case match

Turn 8. Case match is the verified link between the clinic's enquiry and the correct laboratory record, which remains unestablished.

5. secure channel

Turn 10. Secure channel is the approved protected route for the required verification information rather than unrestricted disclosure in the enquiry.

6. source record

Turn 12. Source record provides the authoritative reference to check rather than relying on a remembered or guessed number.

7. Receiving authority

Turn 14. Receiving authority concerns permission to receive the specific information and is separate from merely claiming a clinic affiliation.

8. unverified reference

Turn 16. Unverified reference accurately describes A341 while the enquiry has not been linked to the correct case through the required checks.

9. audit trail

Turn 18. Audit trail preserves the supplied reference, subsequent correction, and verification actions instead of silently replacing the original request.

10. Confidentiality

Turn 20. Confidentiality requires protecting case information while the correct identity and recipient authority remain unresolved.

[Return to the conversation, page 10](#)

01 / Answers and explanations / continued

F / Accuracy and scope

F1. Which action preserves traceability?

A. Keep the supplied reference and document the unresolved enquiry

Retaining the actual request prevents a guessed correction from obscuring the enquiry.

[Return to the exercise, page 12](#)

F2. Which final status is accurate?

B. Identity verification remains required

The scenario ends without an established case match or broader search conclusion.

[Return to the exercise, page 12](#)

F / Guided speaking

1. A314

Technician: The receiving log lists A314.

Turn 1. A314 is the reference explicitly supplied for the receiving log.

2. A341

Caller: The requested reference is A341.

Turn 2. Mira supplied A341, which differs from the logged accession.

3. unverified

Technician: The case match remains unverified.

Turn 3. No required verification has established that the two references identify the same case.

4. process

Caller: I will follow the approved verification process.

Turn 4. The requested case must be identified through the laboratory's applicable arrangements.

[Return to the conversation, page 13](#)

01 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "A314 in the log, A341 in the request". Mira: "Our clinic name is on the request. Does that also establish my authority to receive this particular information?" Noor: [missing response] Mira: "I'll note that I asked about A341 and that verification is still required. I won't write case confirmed." Which response belongs in the gap?

D. Correct. Receiving authority needs the applicable check as well. We should keep the correct case and the permitted recipient clear before sharing its status.

A Not here. This line belongs to turn 20, after Mira says: "I'll complete those checks next. For now, I have no case-specific result or status from you." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 4, after Mira says: "I may have transposed two digits. Could you tell me which other reference looks closest?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 10, after Mira says: "I can use the usual protected verification route. Should I send the details through that process rather than this enquiry?" It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Noor's response in turn 14. It connects Mira's preceding point with Mira's follow-up. Receiving authority concerns permission to receive the specific information and is separate from merely claiming a clinic affiliation.

[Return to the exercise, page 13](#)

02 / Answers and explanations

A / Read the situation

A1. What does the lead document for Q6?

A. Insufficient specimen quantity

The documented finding concerns the amount available for the requested test.

[Return to the exercise, page 14](#)

A2. What action has the lead requested?

B. Recollection through the clinic

The scenario explicitly supplies a recollection request through the clinic.

[Return to the exercise, page 14](#)

A3. Which detail is not supplied?

C. Collection method

No collection method, urgency, or cause is included in the stated facts.

[Return to the exercise, page 14](#)

D / Response choices

D1. Which explanation is accurate?

B. There is insufficient specimen quantity for Q6, not a low patient result

The message concerns suitability of the available specimen amount only.

[Return to the exercise, page 18](#)

D2. Which action is documented?

C. Recollection through the clinic

Only recollection through the clinic is stated as the lead's requested action.

[Return to the exercise, page 18](#)

02 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Common laboratory expression for insufficient material; abbreviated QNS. Which term fits?

A. quantity not sufficient

A Correct. quantity not sufficient: Common laboratory expression for insufficient material; abbreviated QNS. The usual combination is "clarify a QNS message".

B Not here. preanalytical phase: Work before the analytical measurement, including specimen handling. The usual combination is "discuss a preanalytical issue".

C Not here. measured concentration: Reported amount of an analyte relative to a unit quantity. The usual combination is "distinguish measured concentration".

D Not here. transport condition: Required condition during specimen movement. The usual combination is "confirm transport conditions".

[Return to the exercise, page 18](#)

D4. Rebuild the exchange from "Insufficient quantity is not a low patient result".

Alex: "The result field is blank. Should I enter zero until the replacement specimen arrives?" **Noor:** [missing response] **Alex:** "Understood. The action is to obtain another specimen. Can you confirm that is actually what the lead requested?" **Which response belongs in the gap?**

B. No. No patient result is supplied. A blank result field does not mean the measured value is zero.

A Not here. This line belongs to turn 4, after Alex says: "I'll remove low result. Which reference should stay with the message so the team links it to the right order?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Noor's response in turn 6. It connects Alex's preceding point with Alex's follow-up. Patient result has not been supplied, so Noor must not invent a value or a low-result interpretation.

C Not here. This line belongs to turn 14, after Alex says: "The clinic will ask whether recollection is routine or urgent. Neither label appears in the message I have." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 18, after Alex says: "I'll relay Q6, insufficient specimen quantity, and the lead's request to recollect through the clinic. Missing instructions go to the appropriate contact." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 18](#)

E / Conversation

1. specimen volume

Turn 2. Specimen volume is the amount available for testing, not the patient's measured test result.

02 / Answers and explanations / continued

2. test request

Turn 4. Test request Q6 identifies the work associated with the documented quantity issue and recollection request.

3. patient result

Turn 6. Patient result has not been supplied, so Noor must not invent a value or a low-result interpretation.

4. recollection

Turn 8. Recollection is the lead's requested next action through the clinic, without a supplied method or urgency classification.

5. rejection reason

Turn 10. Rejection reason here is insufficient quantity for Q6, which does not establish who caused it or how it happened.

6. preanalytical phase

Turn 12. Preanalytical phase concerns work before measurement, and this specimen issue must not be recast as an analytical patient finding.

7. authorized guidance

Turn 14. Authorized guidance is needed for missing urgency or collection details rather than inventing a classification from the quantity message.

8. specimen requirement

Turn 16. Specimen requirement must be established from the relevant test instructions, not inferred into a collection or reporting promise.

9. recollection request

Turn 18. Recollection request is the documented action to obtain another specimen through the clinic without additional invented details.

10. clinical interpretation

Turn 20. Clinical interpretation concerns patient meaning and is not provided by this specimen-quantity communication.

[Return to the conversation, page 20](#)

02 / Answers and explanations / continued

F / Accuracy and scope

F1. Which statement wrongly adds a cause?

C. The collector definitely used the wrong container

The scenario supplies no cause, so blaming a container or collector is unsupported.

[Return to the exercise, page 22](#)

F2. How should urgency be described?

D. Not supplied in this message; follow the applicable escalation arrangements

No urgency classification is given, so neither routine nor critical may be invented.

[Return to the exercise, page 22](#)

F / Guided speaking

1. Q6

Technician: The request reference is Q6.

Turn 1. The documented insufficient-quantity message concerns test request Q6.

2. quantity

Clinic: The issue is insufficient specimen quantity.

Turn 2. The finding concerns the amount available for testing, not a patient concentration.

3. recollection

Technician: The lead requested recollection through the clinic.

Turn 3. Recollection through the clinic is the only supplied next action.

4. result

Clinic: This is not a low patient result.

Turn 4. No patient result or low measured concentration is supplied in this message.

[Return to the conversation, page 23](#)

02 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Insufficient quantity is not a low patient result". Alex: "The clinic will ask whether recollection is routine or urgent. Neither label appears in the message I have." Noor: [missing response] Alex: "I also need the collection instructions. I should not choose a container or amount simply to complete the note." Which response belongs in the gap?

B. Obtain the applicable authorized guidance through the actual escalation arrangements. Don't assign a clinical urgency from the quantity wording alone.

A Not here. This line belongs to turn 12, after Alex says: "So I can report a suitability issue without recording collector error. Is this a problem before the analytical measurement rather than a low concentration?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Noor's response in turn 14. It connects Alex's preceding point with Alex's follow-up. Authorized guidance is needed for missing urgency or collection details rather than inventing a classification from the quantity message.

C Not here. This line belongs to turn 4, after Alex says: "I'll remove low result. Which reference should stay with the message so the team links it to the right order?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 10, after Alex says: "Someone has suggested the collector used the wrong container. Is that documented anywhere in this message?" It addresses that point, not the missing turn in the supplied exchange.

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03 / Answers and explanations

A / Read the situation

A1. Which stage is complete?

C. The analytical run

The instrument has finished the analytical run, but review and release remain unresolved.

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A2. What is the quality-control status?

A. Review unresolved

No resolved quality-control finding is supplied, so neither pass nor failure may be assumed.

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A3. Which release claim is supported?

B. The lead has not authorized release

The run is complete, but only the stated laboratory process can authorize release; no such permission is supplied.

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D / Response choices

D1. Which update is accurate?

A. The run is complete, QC review is unresolved, and release is not authorized

The correct update preserves all three distinct process and authorization states.

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D2. What does unresolved QC review establish?

A. No completed review outcome is supplied

An unresolved review supports neither a pass nor a failure conclusion.

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03 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Measurement obtained from a quality-control material. Which term fits?

A. control result

A Correct. control result: Measurement obtained from a quality-control material. The usual combination is "review a control result".

B Not here. withheld result: Result not released pending the applicable process. The usual combination is "preserve withheld-result status".

C Not here. bias: Systematic difference from an appropriate reference. The usual combination is "investigate documented bias".

D Not here. standard deviation: Measure of spread around the mean; abbreviated SD. The usual combination is "express a difference in SD units".

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D4. Rebuild the exchange from "The run is complete; release is not authorized".

Dana: "I was about to call it a QC failure because nothing is being released. Is that too strong?" **Noor:** [missing response] **Dana:** "The clinic still needs a message. Can we give them the process status without including patient values?" **Which response belongs in the gap?**

B. Yes. No review outcome is supplied. An unresolved assessment is not the same as a documented failure.

A Not here. This line belongs to turn 10, after Dana says: "Would the clinic's request to treat it as final count as permission? They say they accept that review is pending." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Noor's response in turn 6. It connects Dana's preceding point with Dana's follow-up. Review outcome is not supplied, so an unresolved assessment cannot be reported as a confirmed pass or failure.

C Not here. This line belongs to turn 16, after Dana says: "Understood. The completed measurement stage alone does not establish that the result meets the reporting requirements." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 2, after Dana says: "The instrument has finished. Can I tell the clinic these are final results? They're waiting for an answer." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. analytical run

Turn 2. Analytical run completion confirms that the measurement sequence finished, not that review or release has been authorized.

03 / Answers and explanations / continued

2. pending review

Turn 4. Pending review accurately states the unresolved quality assessment without suggesting it has passed or failed.

3. review outcome

Turn 6. Review outcome is not supplied, so an unresolved assessment cannot be reported as a confirmed pass or failure.

4. status update

Turn 8. Status update communicates the current workflow stage without inventing patient findings or an analytical conclusion.

5. release authorization

Turn 10. Release authorization must come through the applicable laboratory process, not from the clinic's request for final wording.

6. authorized reviewer

Turn 12. Authorized reviewer is the role that must resolve the quality assessment under the laboratory process before a release claim is made.

7. report status

Turn 14. Report status remains unreleased and not final, even though the instrument's analytical stage is complete.

8. reportable result

Turn 16. Reportable result must meet the relevant reporting requirements, which are not established by instrument completion alone.

9. quality control

Turn 18. Quality control is the analytical-performance review area still unresolved, not an optional step erased by the completed run.

10. withheld result

Turn 20. Withheld result describes information not released pending the applicable review and authorization rather than a final report.

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03 / Answers and explanations / continued

F / Accuracy and scope

F1. Who should address the review question?

B. The laboratory lead under the authorized process

The stated release and review authority belongs to the laboratory process and lead.

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F2. Which action misrepresents status?

A. Calling the results final without authorization

Final status cannot be created merely by changing the wording of an unreleased result.

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F / Guided speaking

1. complete

Technician: The analytical run is complete.

Turn 1. The instrument has finished the stated analytical sequence.

2. unresolved

Clinic: Quality-control review remains unresolved.

Turn 2. No completed quality-control review outcome is supplied in this scenario.

3. authorized

Technician: Result release is not authorized.

Turn 3. The laboratory lead has not given permission to release results.

4. final

Clinic: We must not call the report final.

Turn 4. Final reporting is not established by the instrument's completed run.

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03 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The run is complete; release is not authorized". Dana: "If I leave final off but say available, could that still suggest the results are ready to use?" Noor: [missing response] Dana: "Understood. The completed measurement stage alone does not establish that the result meets the reporting requirements." Which response belongs in the gap?

A. It could. Keep the report status explicit: not released, not final. A softer label should not hide the outstanding requirement.

A Correct. This is Noor's response in turn 14. It connects Dana's preceding point with Dana's follow-up. Report status remains unreleased and not final, even though the instrument's analytical stage is complete.

B Not here. This line belongs to turn 10, after Dana says: "Would the clinic's request to treat it as final count as permission? They say they accept that review is pending." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 18, after Dana says: "Is there any supplied indication that the review can be skipped because the clinic is under time pressure?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 8, after Dana says: "The clinic still needs a message. Can we give them the process status without including patient values?" It addresses that point, not the missing turn in the supplied exchange.

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04 / Answers and explanations

A / Read the situation

A1. What is H2's current recorded status?

A. Unavailable

H2 is explicitly marked unavailable, with no confirmed return to service.

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A2. What happened at 11:00?

A. The service visit ended

Eleven o'clock is only the recorded end of the service visit.

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A3. What does Noor need before the clinic update?

A. The lead's confirmed status

Noor needs the laboratory lead's documented status rather than an inference from the visit.

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D / Response choices

D1. Which clinic update is supported?

A. H2 remains unavailable; the service visit ended at 11:00 but return is unconfirmed

The supplied facts distinguish completed service attendance from unresolved operational status.

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D2. What would establish a status change here?

A. The laboratory lead's confirmed return-to-service status

The lead has not yet confirmed return, so that explicit status is needed.

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04 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Attendance by personnel providing equipment support. Which term fits?

C. service visit

A Not here. downtime: Period when equipment is not available for its intended use. The usual combination is "report downtime".

B Not here. operational readiness: State meeting the requirements for intended operation. The usual combination is "confirm operational readiness".

C Correct. service visit: Attendance by personnel providing equipment support. The usual combination is "record the service visit".

D Not here. inventory status: Recorded availability of supplies. The usual combination is "check inventory status".

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D4. Rebuild the exchange from "The service visit ended; H2 is still unavailable".

Noor: "I'll remove eleven as the restart time. Can you confirm that return to use is still outstanding?" Elena: [missing response] Noor: "Which document should the authorized reviewer check for the work completed? I don't have the service findings." Which response belongs in the gap?

C. Exactly. Return to service has not been confirmed. Please do not turn a known event time into a commitment we have not made.

A Not here. This line belongs to turn 4, after Noor says: "Does the completed visit establish anything about availability, or only that the service attendance has finished?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 14, after Noor says: "Then my update is H2 unavailable, service visit ended at eleven, and no confirmed restart time. I won't give a duration for the remaining outage." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Elena's response in turn 6. It connects Noor's preceding point with Noor's follow-up. Return to service is the authorized restoration of operational use and has not been confirmed for H2.

D Not here. This line belongs to turn 2, after Noor says: "The clinic saw that service on H2 ended at eleven. They're asking if we can use the analyzer again. Its status still says unavailable." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. instrument status

Turn 2. Instrument status remains unavailable until the lead confirms a documented change, regardless of the service visit ending.

04 / Answers and explanations / continued

2. service visit

Turn 4. Service visit records support attendance and its completion, not automatic approval that the instrument is operational.

3. Return to service

Turn 6. Return to service is the authorized restoration of operational use and has not been confirmed for H2.

4. service report

Turn 8. Service report can document service work or findings, but its contents and resulting authorization must be reviewed rather than assumed.

5. reagent lot

Turn 10. Reagent lot identifies a production batch and is not a documented cause of H2's unavailability in this scenario.

6. Calibration

Turn 12. Calibration is a technical measurement-related process whose successful completion is not established by the service visit ending.

7. downtime

Turn 14. Downtime is the period of unavailability, which remains ongoing in the supplied status despite the completed visit.

8. status confirmation

Turn 16. Status confirmation explicitly establishes the operating state needed for a clinic update rather than relying on a vague service-complete message.

9. equipment identifier

Turn 18. Equipment identifier H2 keeps the status attached to the correct analyzer and prevents confusion with another instrument.

10. Operational readiness

Turn 20. Operational readiness requires the relevant confirmed requirements for use and has not been established for H2.

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04 / Answers and explanations / continued

F / Accuracy and scope

F1. Which detail must not be invented?

C. A restart time

No restart time is supplied by the known service event.

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F2. What does the service visit prove?

B. Support personnel attended and the visit ended

Attendance and its end are the only service facts established in the scenario.

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F / Guided speaking

1. H2

Technician: The analyzer identifier is H2.

Turn 1. H2 is the equipment reference supplied for this service enquiry.

2. unavailable

Lead: Its recorded status remains unavailable.

Turn 2. No confirmed return-to-service decision has changed the unavailable status.

3. 11:00

Technician: The service visit ended at 11:00.

Turn 3. Eleven o'clock is the documented end of the service visit only.

4. confirmed

Lead: Return to service is not yet confirmed.

Turn 4. The laboratory lead has not confirmed operational return for H2.

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04 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The service visit ended; H2 is still unavailable". Noor: "Then my update is H2 unavailable, service visit ended at eleven, and no confirmed restart time. I won't give a duration for the remaining outage." Elena: [missing response] Noor: "If the next message just says service done, I'll still need to ask whether the operational status changed." Which response belongs in the gap?

C. That describes the downtime without inventing its cause or duration. We can acknowledge the completed visit while preserving the unresolved operating status.

A Not here. This line belongs to turn 20, after Noor says: "Please send the documented status change through the proper route when available. Until then, I'll keep the clinic's message at unavailable." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 6, after Noor says: "I'll remove eleven as the restart time. Can you confirm that return to use is still outstanding?" It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Elena's response in turn 14. It connects Noor's preceding point with Noor's follow-up. Downtime is the period of unavailability, which remains ongoing in the supplied status despite the completed visit.

D Not here. This line belongs to turn 2, after Noor says: "The clinic saw that service on H2 ended at eleven. They're asking if we can use the analyzer again. Its status still says unavailable." It addresses that point, not the missing turn in the supplied exchange.

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05 / Answers and explanations

A / Read the situation

A1. When does the quoted turnaround begin?

D. Laboratory receipt

The service explicitly measures the quoted interval from laboratory receipt to reporting.

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A2. When was T5 received?

D. 09:00

The specimen was collected at eight but received by the laboratory at nine.

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A3. What report time is confirmed?

A. None

The backlog affects estimates and the scenario supplies no confirmed report time.

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D / Response choices

D1. Why is the assumed 10:00 time unsupported?

D. It starts the two-hour interval at collection rather than receipt

The clinic uses the wrong starting event for the stated receipt-to-report interval.

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D2. What does 09:00 plus two hours establish?

B. An 11:00 reference calculation, not a confirmed report time

Arithmetic applies the quoted interval correctly but does not remove the stated uncertainty.

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05 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Time a report is issued under the relevant process. Which term fits?

B. reporting time

A Not here. confirmed deadline: Explicitly established time commitment. The usual combination is "distinguish a confirmed deadline".

B Correct. reporting time: Time a report is issued under the relevant process. The usual combination is "confirm reporting time".

C Not here. time reference: Stated event and clock time used in a message. The usual combination is "preserve the time reference".

D Not here. service standard: Defined service expectation under its stated conditions. The usual combination is "clarify the service standard".

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D4. Rebuild the exchange from "The two-hour clock starts at receipt". Eva: "Nine plus two gives eleven. Is eleven an actual reporting commitment, or only what the quoted interval would calculate?" Noor: [missing response] Eva: "I need to withdraw the guarantee as well as correct the arithmetic. Simply replacing ten with eleven would keep the certainty error." Which response belongs in the gap?

B. No. That is a reference calculation, not a confirmed reporting promise. No report time is confirmed, and the backlog means the estimate cannot be treated as guaranteed.

A Not here. This line belongs to turn 8, after Eva says: "I need to withdraw the guarantee as well as correct the arithmetic. Simply replacing ten with eleven would keep the certainty error." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Noor's response in turn 6. It connects Eva's preceding point with Eva's follow-up. Reference calculation applies the quoted interval to receipt but does not establish a confirmed report time during the backlog.

C Not here. This line belongs to turn 4, after Eva says: "Then the nine-o'clock laboratory entry matters for that interval. I'll keep the eight-o'clock collection event in the record as a separate fact." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 14, after Eva says: "If we later agree an update time, I'll say update rather than report ready. No replacement update time has been agreed here." It addresses that point, not the missing turn in the supplied exchange.

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E / Conversation

1. turnaround time

Turn 2. Turnaround time for this service is measured from laboratory receipt to reporting, not from specimen collection.

05 / Answers and explanations / continued

2. receipt time

Turn 4. Receipt time is 09:00 for T5 and is the starting event specified in this service's quoted interval.

3. reference calculation

Turn 6. Reference calculation applies the quoted interval to receipt but does not establish a confirmed report time during the backlog.

4. quoted interval

Turn 8. Quoted interval is the service's stated receipt-to-report duration, which is distinct from a guaranteed time for this specimen.

5. expectation reset

Turn 10. Expectation reset corrects both the collection-based assumption and the unsupported reporting guarantee in the earlier message.

6. backlog

Turn 12. Backlog is explicitly supplied as affecting estimates, while the exact report time remains unconfirmed.

7. update commitment

Turn 14. Update commitment promises communication of status, which may still be pending, rather than guaranteeing that a report is ready.

8. escalation route

Turn 16. Escalation route directs clinical urgency concerns to the authorized process rather than inferring their significance from turnaround arithmetic.

9. time reference

Turn 18. Time reference links each clock time to its actual event so collection and receipt are not confused again.

10. confirmed deadline

Turn 20. Confirmed deadline would require an explicit established reporting commitment, which this scenario does not provide.

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05 / Answers and explanations / continued

F / Accuracy and scope

F1. Which update is accurate?

A. T5 arrived at nine; backlog affects estimates; no report time is confirmed

The correct update uses the receipt time and preserves the unresolved estimate.

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F2. What is distinct from a result commitment?

C. An agreed time to provide a status update

An update can communicate progress or continued delay without promising completed results.

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F / Guided speaking

1. 08:00

Clinic: T5 was collected at 08:00.

Turn 1. Eight o'clock is the specimen collection time, not the service's starting event.

2. 09:00

Technician: Laboratory receipt was at 09:00.

Turn 2. Nine o'clock is the recorded receipt time used by the quoted service interval.

3. 11:00

Clinic: Adding the quoted two hours gives 11:00 as a reference calculation.

Turn 3. Nine plus two hours is eleven, but this arithmetic is not a guarantee.

4. unconfirmed

Technician: The actual report time remains unconfirmed.

Turn 4. The backlog affects estimates and no reporting commitment is supplied.

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05 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "The two-hour clock starts at receipt". Eva: "If we later agree an update time, I'll say update rather than report ready. No replacement update time has been agreed here." Noor: [missing response] Eva: "If the clinic raises clinical urgency, whom should that concern go through? I can't assess it from these timestamps." Which response belongs in the gap?

B. Yes. An update commitment is different from a result commitment. No new update time is supplied in this discussion, so we should not invent one either.

A Not here. This line belongs to turn 6, after Eva says: "Nine plus two gives eleven. Is eleven an actual reporting commitment, or only what the quoted interval would calculate?" It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Noor's response in turn 14. It connects Eva's preceding point with Eva's follow-up. Update commitment promises communication of status, which may still be pending, rather than guaranteeing that a report is ready.

C Not here. This line belongs to turn 4, after Eva says: "Then the nine-o'clock laboratory entry matters for that interval. I'll keep the eight-o'clock collection event in the record as a separate fact." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 8, after Eva says: "I need to withdraw the guarantee as well as correct the arithmetic. Simply replacing ten with eleven would keep the certainty error." It addresses that point, not the missing turn in the supplied exchange.

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06 / Answers and explanations

A / Read the situation

A1. What was received at 10:00?

A. A preliminary report

The earlier report is explicitly preliminary, despite Noor's mistaken description.

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A2. Which version supersedes it?

A. The 14:00 final report

The supplied final report at fourteen hundred supersedes the preliminary version for this request.

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A3. What has not been supplied?

C. Findings or a later amended report

The scenario provides report stages and times but no findings or later amendment.

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D / Response choices

D1. Which correction is clear?

B. I incorrectly called the 10:00 report final; it was preliminary; the 14:00 report is final

The correct message identifies the error and gives both accurate version statuses.

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D2. What does supersedes mean here?

D. The later final version replaces the preliminary version for this request

Superseding describes which version is applicable, not deletion or a clinical conclusion.

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06 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Replace an earlier version as the applicable later record. Which term fits?

D. supersede

A Not here. detection limit: Lowest amount reliably detectable under the stated method conditions. The usual combination is "distinguish detection from quantification".

B Not here. report discrepancy: Difference in report information or status requiring clarification. The usual combination is "clarify the report discrepancy".

C Not here. distribution record: Record of where a report or update was sent. The usual combination is "check the distribution record".

D Correct. supersede: Replace an earlier version as the applicable later record. The usual combination is "supersede the preliminary version".

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D4. Rebuild the exchange from "Correcting the ten-o'clock report label". Noor:

"Right. I'm correcting what I said about its status, not announcing a new laboratory finding." Priya: [missing response] Noor: "Exactly. Nor should we call the fourteen-hundred final report amended merely because I used the wrong word earlier." Which response belongs in the gap?

D. So this is a communication correction. It repairs your message but does not, by itself, tell me that any clinical content changed.

A Not here. This line belongs to turn 4, after Noor says: "Please keep both issue times. The ten-o'clock document wasn't final at issue, even though a final version now exists." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 12, after Noor says: "That's correct. We haven't been given the clinical content of either version, so I can't describe a change in the patient's result." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Noor says: "Exactly. Nor should we call the fourteen-hundred final report amended merely because I used the wrong word earlier." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Priya's response in turn 6. It connects Noor's preceding point with Noor's follow-up. Communication correction repairs Noor's inaccurate message and does not itself establish an amended clinical report.

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E / Conversation

1. explicit correction

Turn 2. Explicit correction directly identifies the earlier inaccurate final label instead of leaving the recipient to infer what changed.

06 / Answers and explanations / continued

2. status label

Turn 4. Status label for the earlier report must be preliminary, correcting Noor's mistaken description without inventing clinical content.

3. communication correction

Turn 6. Communication correction repairs Noor's inaccurate message and does not itself establish an amended clinical report.

4. amended report

Turn 8. Amended report would be a formally revised report under the applicable process, which the stated preliminary-to-final sequence does not establish.

5. issue time

Turn 10. Issue time distinguishes the 10:00 preliminary report from the 14:00 final report in the correction and handoff.

6. finding

Turn 12. Finding refers to report content, which has not been supplied and must not be inferred from a change in report status.

7. correction trail

Turn 14. Correction trail links the inaccurate message to its explicit replacement so the earlier error remains traceable.

8. document history

Turn 16. Document history retains the version sequence and correction record according to policy instead of hiding the earlier report or error.

9. receipt

Turn 18. Receipt establishes that Priya received the corrected version information rather than leaving communication assumed.

10. current report

Turn 20. Current report is the supplied 14:00 final version applicable to this request, with no later amendment established.

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06 / Answers and explanations / continued

F / Accuracy and scope

F1. Which claim is unsupported?

B. An amended report was issued after 14:00

No later amendment appears in the supplied report sequence.

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F2. What should be preserved?

C. A traceable correction and report history under policy

A documented correction should repair the message without concealing the relevant history.

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F / Guided speaking

1. preliminary

Technician: The 10:00 report was preliminary.

Turn 1. The earlier report's correct status is preliminary despite the mistaken phone label.

2. 14:00

Clinic: The 14:00 report is final.

Turn 2. Fourteen hundred is the stated time of the later final report.

3. supersedes

Technician: The final report supersedes the earlier version.

Turn 3. The later final version replaces the preliminary version for this request.

4. amended

Clinic: No later amended report is supplied.

Turn 4. The scenario establishes no subsequent formally amended report.

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06 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Correcting the ten-o'clock report label". Noor: "Please link this correction to the inaccurate message rather than silently replacing it. The next reader should know what was corrected." Priya: [missing response] Noor: "The earlier report also belongs in the retained version record under policy. Superseded does not mean erase the history." Which response belongs in the gap?

A. I'll preserve the correction trail through the applicable record process. That keeps the original error and its correction traceable.

A Correct. This is Priya's response in turn 14. It connects Noor's preceding point with Noor's follow-up. Correction trail links the inaccurate message to its explicit replacement so the earlier error remains traceable.

B Not here. This line belongs to turn 8, after Noor says: "Exactly. Nor should we call the fourteen-hundred final report amended merely because I used the wrong word earlier." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 20, after Noor says: "Thank you. No later amendment is established here. I'll use the same version wording in any onward communication." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 18, after Noor says: "Can you confirm that you've received the corrected version information, rather than only seen that I sent a follow-up?" It addresses that point, not the missing turn in the supplied exchange.

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07 / Answers and explanations

A / Read the situation

A1. What potassium value must be communicated?

C. 6.4 mmol/L

Lumen's supplied report value is 6.4 millimoles per liter, not the initial mistaken repeat.

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A2. What is already verified?

D. Case identity and Dr Shah's receiving authority

The briefing explicitly establishes identity and recipient authority before the call.

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A3. Which time is the call time?

D. 14:12

The report was issued at 14:10, while the notification call occurs at 14:12.

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D / Response choices

D1. Which correction is precise?

A. Correction: potassium 6.4 mmol/L, not 6.1; please read back the complete result

The correct response replaces the wrong value and requests complete confirmation.

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D2. Which read-back is complete for the result?

C. C7, potassium, 6.4 millimoles per liter

The complete result repeat includes the verified case reference, analyte, exact value, and unit.

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07 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Concentration unit written mmol/L. Which term fits?

B. millimoles per liter

A Not here. closed-loop communication: Exchange in which the recipient repeats and sender confirms the message. The usual combination is "complete closed-loop communication".

B Correct. millimoles per liter: Concentration unit written mmol/L. The usual combination is "say millimoles per liter".

C Not here. sender confirmation: Speaker's check that the repeated message is accurate. The usual combination is "give sender confirmation".

D Not here. contact extension: Internal telephone number for the recipient. The usual combination is "confirm the contact extension".

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D4. Rebuild the exchange from "Six point four, not six point one". Noor: "That read-back is correct. Please confirm receipt of the critical notification. Our case-identity and receiving-authority checks were completed before this exchange." Dr Shah: [missing response] Noor: "Thank you. This call is at fourteen twelve; the report issue time is fourteen ten. I'll keep those events separate." Which response belongs in the gap?

B. I confirm receipt of the critical notification for C7: potassium six point four millimoles per liter, with the report issued at fourteen ten.

A Not here. This line belongs to turn 16, after Noor says: "The laboratory notification is now acknowledged. No treatment instruction has been supplied in this call." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Dr Shah's response in turn 6. It connects Noor's preceding point with Noor's follow-up. Receipt confirms that the verified authorized recipient has received the corrected critical-result message.

C Not here. This line belongs to turn 12, after Noor says: "I'll record that the initial six-point-one repeat was corrected and the complete six-point-four message confirmed." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 2, after Noor says: "Dr Shah, this is Noor at Lumen laboratory. For verified case C7, potassium is six point four millimoles per liter, designated critical by Lumen. The report was issued at fourteen ten. Please read it back." It addresses that point, not the missing turn in the supplied exchange.

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07 / Answers and explanations / continued

E / Conversation

1. read-back

Turn 2. Read-back is the recipient's repetition, which initially contains the incorrect 6.1 value and must be corrected.

2. millimoles per liter

Turn 4. Millimoles per liter is the required concentration unit accompanying the corrected potassium value of 6.4.

3. receipt

Turn 6. Receipt confirms that the verified authorized recipient has received the corrected critical-result message.

4. notification time

Turn 8. Notification time is 14:12 for this call and must remain distinct from the report's 14:10 issue time.

5. contact extension

Turn 10. Contact extension 214 identifies Dr Shah's telephone contact and is not a result value or timestamp.

6. communication discrepancy

Turn 12. Communication discrepancy is the initial 6.1 repeat that was explicitly corrected to 6.4 and confirmed.

7. numerical value

Turn 14. Numerical value is 6.4, while the correction concerns the misheard repeat rather than a changed laboratory report.

8. clinical action

Turn 16. Clinical action belongs to the appropriate authorized patient-care process and is not supplied by this language-practice notification.

9. complete message

Turn 18. Complete message retains the case reference, potassium, corrected 6.4 value, unit, critical designation, and report time.

07 / Answers and explanations / continued

10. closed-loop communication

Turn 20. Closed-loop communication is completed through the corrected recipient repetition, sender confirmation, and explicit acknowledgment of receipt.

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F / Accuracy and scope

F1. What does 214 identify?

B. Dr Shah's contact extension

Extension 214 is the supplied recipient contact number, not a laboratory measurement.

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F2. Which conclusion is not authorized by the scenario?

B. A specific diagnosis or treatment plan

The scenario explicitly provides no diagnosis, treatment instruction, or universal threshold.

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F / Guided speaking

1. 6.4

Technician: Correction: potassium 6.4 mmol/L, not 6.1.

Turn 1. The supplied potassium value is 6.4, correcting the inaccurate initial repeat.

2. millimoles per liter

Recipient: The unit means millimoles per liter.

Turn 2. The abbreviation mmol/L expands to millimoles per liter.

3. 14:10

Technician: The report was issued at 14:10.

Turn 3. Fourteen ten is the report issue time, distinct from the later call.

4. 14:12

Recipient: This notification call occurs at 14:12.

Turn 4. Fourteen twelve is the supplied time of the critical-result notification call.

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07 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Six point four, not six point one". Noor: "Correct. I haven't changed the result. The report remains potassium six point four millimoles per liter." Dr Shah: [missing response] Noor: "The laboratory notification is now acknowledged. No treatment instruction has been supplied in this call." Which response belongs in the gap?

D. That is the confirmed numerical value. Keep the unit with it, not just the digits.

A Not here. This line belongs to turn 18, after Noor says: "I will retain C7, potassium, six point four, millimoles per liter, Lumen's critical designation, and fourteen-ten report time." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 10, after Noor says: "Please confirm extension two-one-four for the communication record. The receiving identity and authority checks are already complete." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 20, after Noor says: "Your accurate repeat and acknowledgment are recorded. I won't substitute message sent for confirmed receipt." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Dr Shah's response in turn 14. It connects Noor's preceding point with Noor's follow-up. Numerical value is 6.4, while the correction concerns the misheard repeat rather than a changed laboratory report.

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08 / Answers and explanations

A / Read the situation

A1. What does the courier confirm?

B. Parcel delivery on Tuesday

The courier confirms transport delivery, not the referral laboratory's individual accession decision.

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A2. What remains unconfirmed?

A. X8's accession acceptance

The referral laboratory has not confirmed accession acceptance for X8.

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A3. What does Eli accept?

D. The enquiry and the 15:00 clinic update

Eli explicitly accepts follow-up ownership and the agreed update, not a result deadline.

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D / Response choices

D1. Which summary is accurate?

B. X8 is on Monday's manifest; its parcel arrived Tuesday; accession acceptance is unconfirmed

The accurate summary keeps dispatch, delivery, and accession acceptance separate.

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D2. What is the precise follow-up question?

A. Has the referral laboratory accepted X8's accession?

The outstanding laboratory milestone is X8's individual accession acceptance.

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08 / Answers and explanations / continued

D3. A colleague needs the term for this meaning: Service transporting the parcel. Which term fits?

B. courier

A Not here. transport milestone: Recorded event in the movement of a parcel. The usual combination is "distinguish a transport milestone".

B Correct. courier: Service transporting the parcel. The usual combination is "contact the courier".

C Not here. tracking number: Transport identifier used to follow a shipment. The usual combination is "verify the tracking number".

D Not here. outgoing technician: Staff member transferring work before leaving. The usual combination is "support the outgoing technician".

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D4. Rebuild the exchange from "Delivered parcel, unconfirmed accession, accepted handover". Noor: "I'll leave you both records. The manifest supports dispatch; the courier record supports arrival. Neither is an issued-result notice." Eli: [missing response] Noor: "The clinic is expecting a status update at fifteen hundred. That commitment remains even if the acceptance enquiry is unresolved." Which response belongs in the gap?

A. I will preserve the dispatch record and the courier evidence. I will not replace those source details with a single vague status such as received and complete.

A Correct. This is Eli's response in turn 6. It connects Noor's preceding point with Noor's follow-up. Dispatch record is the Monday manifest listing X8, which supports shipment history but not later acceptance or reporting.

B Not here. This line belongs to turn 20, after Noor says: "Thanks. I'll record your acceptance before leaving. The unresolved enquiry now has an owner, but the laboratory status itself has not changed." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Noor says: "The clinic is expecting a status update at fifteen hundred. That commitment remains even if the acceptance enquiry is unresolved." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 4, after Noor says: "It's the individual accession acceptance. The referral laboratory hasn't confirmed accepting X8, even though the courier delivered the parcel." It addresses that point, not the missing turn in the supplied exchange.

[Return to the exercise, page 84](#)

E / Conversation

1. laboratory milestone

Turn 2. Laboratory milestone is X8's individual accession acceptance, which is distinct from the confirmed transport delivery.

08 / Answers and explanations / continued

2. outstanding enquiry

Turn 4. Outstanding enquiry asks whether the referral laboratory has accepted X8, rather than whether its parcel reached the destination.

3. dispatch record

Turn 6. Dispatch record is the Monday manifest listing X8, which supports shipment history but not later acceptance or reporting.

4. update time

Turn 8. Update time is the agreed 15:00 clinic communication commitment, not a confirmed result deadline.

5. follow-up ownership

Turn 10. Follow-up ownership makes Eli responsible for continuing the X8 accession enquiry rather than merely receiving a note.

6. referral reference

Turn 12. Referral reference must come from the relevant confirmed record and must not be invented to make the handover appear complete.

7. delivery confirmation

Turn 14. Delivery confirmation establishes the parcel's arrival on Tuesday but not the referral laboratory's acceptance of every individual item.

8. result date

Turn 16. Result date remains unconfirmed and cannot be inferred from dispatch, parcel arrival, or acceptance of follow-up responsibility.

9. acceptance acknowledgment

Turn 18. Acceptance acknowledgment explicitly confirms Eli's responsibility for both the unresolved enquiry and the agreed clinic update.

10. continuity

Turn 20. Continuity preserves the unresolved work, evidence, and communication commitment across Noor's shift ending and Eli taking over.

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08 / Answers and explanations / continued

F / Accuracy and scope

F1. What should happen at 15:00 under the agreed handover?

D. Eli gives the clinic the actual status

The commitment concerns a clinic update, not guaranteed testing completion.

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F2. Which statement confirms ownership?

A. I accept the X8 enquiry and the 15:00 clinic update

Eli's explicit acceptance transfers both the enquiry and the stated communication responsibility.

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F / Guided speaking

1. X8

Outgoing: The send-out reference is X8.

Turn 1. X8 identifies the outstanding referral enquiry in the supplied handover.

2. Tuesday

Incoming: The courier confirms delivery on Tuesday.

Turn 2. Tuesday is the confirmed parcel-delivery day, not an accession-acceptance confirmation.

3. unconfirmed

Outgoing: Accession acceptance remains unconfirmed.

Turn 3. The referral laboratory has not confirmed acceptance for the individual send-out.

4. 15:00

Incoming: I accept the enquiry and the 15:00 clinic update.

Turn 4. Eli accepts responsibility for the agreed fifteen-hundred status update, not a result deadline.

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08 / Answers and explanations / continued

F / Rebuild the exchange

1. Rebuild the exchange from "Delivered parcel, unconfirmed accession, accepted handover". Noor: "If someone says received, please ask whether they mean the whole parcel or acceptance of the individual specimen." Eli: [missing response] Noor: "We also have no result date. Please don't turn the fifteen-hundred update into a promise that the report will be ready." Which response belongs in the gap?

A. I will call it delivery confirmation, not accession confirmation. The referral laboratory must establish the individual laboratory status we are asking about.

A Correct. This is Eli's response in turn 14. It connects Noor's preceding point with Noor's follow-up. Delivery confirmation establishes the parcel's arrival on Tuesday but not the referral laboratory's acceptance of every individual item.

B Not here. This line belongs to turn 2, after Noor says: "Can you take over X8 before I leave? Monday's manifest lists it, and the parcel was delivered Tuesday, but one laboratory status is still missing." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 12, after Noor says: "The referral's accession field is blank in the information I have. X8 is our send-out reference, not a newly confirmed external accession." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 8, after Noor says: "The clinic is expecting a status update at fifteen hundred. That commitment remains even if the acceptance enquiry is unresolved." It addresses that point, not the missing turn in the supplied exchange.

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Review 1 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Record of registered laboratory items. Which term fits?

A. accession log

A Correct. accession log: Record of registered laboratory items. The usual combination is "consult the accession log".

B Not here. audit trail: Record showing actions and changes over time. The usual combination is "preserve the audit trail".

C Not here. receiving authority: Permission for a person to receive particular information. The usual combination is "verify receiving authority".

D Not here. case match: Established link between a request and the correct case. The usual combination is "establish the case match".

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2. A colleague needs the term for this meaning: Substance or property being measured by a test. Which term fits?

B. analyte

A Not here. specimen: Material submitted for laboratory examination. The usual combination is "identify the specimen".

B Correct. analyte: Substance or property being measured by a test. The usual combination is "name the analyte".

C Not here. specimen requirement: Condition the submitted material must meet for a test. The usual combination is "consult specimen requirements".

D Not here. contamination: Unwanted material introduced into a specimen. The usual combination is "investigate documented contamination".

[Return to the exercise, page 24](#)

Review 1 / Explanations / continued

3. Rebuild the exchange from "A314 in the log, A341 in the request". Mira: "I can use the usual protected verification route. Should I send the details through that process rather than this enquiry?" Noor: [missing response] Mira: "I'll check the original requisition. A number I remember from another call may not be reliable." Which response belongs in the gap?

C. Yes, use the approved secure channel and provide the information that process requires. We should not improvise a different identity check during this call.

A Not here. This line belongs to turn 14, after Mira says: "Our clinic name is on the request. Does that also establish my authority to receive this particular information?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 20, after Mira says: "I'll complete those checks next. For now, I have no case-specific result or status from you." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Noor's response in turn 10. It connects Mira's preceding point with Mira's follow-up. Secure channel is the approved protected route for the required verification information rather than unrestricted disclosure in the enquiry.

D Not here. This line belongs to turn 4, after Mira says: "I may have transposed two digits. Could you tell me which other reference looks closest?" It addresses that point, not the missing turn in the supplied exchange.

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Review 1 / Explanations / continued

4. Rebuild the exchange from "Insufficient quantity is not a low patient result". Alex: "I'll relay Q6, insufficient specimen quantity, and the lead's request to recollect through the clinic. Missing instructions go to the appropriate contact." Noor: [missing response] Alex: "The clinician may still ask what this means for the patient. I'll distinguish that question from the specimen-status message." Which response belongs in the gap?

D. That preserves the recollection request. It also removes the unsupported low-result statement without replacing it with a guessed cause.

A Not here. This line belongs to turn 6, after Alex says: "The result field is blank. Should I enter zero until the replacement specimen arrives?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 4, after Alex says: "I'll remove low result. Which reference should stay with the message so the team links it to the right order?" It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 14, after Alex says: "The clinic will ask whether recollection is routine or urgent. Neither label appears in the message I have." It addresses that point, not the missing turn in the supplied exchange.

D Correct. This is Noor's response in turn 18. It connects Alex's preceding point with Alex's follow-up. Recollection request is the documented action to obtain another specimen through the clinic without additional invented details.

[Return to the exercise, page 24](#)

Review 2 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Material with defined characteristics used to assess analytical performance. Which term fits?

C. control material

A Not here. accuracy: Closeness of a measurement to an accepted reference value. The usual combination is "distinguish accuracy from precision".

B Not here. coefficient of variation: SD divided by the mean, usually expressed as a percentage; CV. The usual combination is "report the CV with its basis".

C Correct. control material: Material with defined characteristics used to assess analytical performance. The usual combination is "identify control material".

D Not here. reportable result: Result meeting the applicable requirements for reporting. The usual combination is "distinguish a reportable result".

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2. A colleague needs the term for this meaning: Reference distinguishing one instrument from another. Which term fits?

D. equipment identifier

A Not here. analyzer: Instrument used to perform laboratory measurements. The usual combination is "identify the analyzer".

B Not here. lot number: Reference identifying a particular production batch. The usual combination is "verify the lot number".

C Not here. corrective maintenance: Work addressing an identified equipment problem. The usual combination is "document corrective maintenance".

D Correct. equipment identifier: Reference distinguishing one instrument from another. The usual combination is "quote the equipment identifier".

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Review 2 / Explanations / continued

3. Rebuild the exchange from "Insufficient quantity is not a low patient result". Alex: "Someone has suggested the collector used the wrong container. Is that documented anywhere in this message?" Noor: [missing response] Alex: "So I can report a suitability issue without recording collector error. Is this a problem before the analytical measurement rather than a low concentration?" Which response belongs in the gap?

C. No. The stated rejection reason is insufficient quantity. It does not establish a container error or identify who caused the shortage.

A Not here. This line belongs to turn 12, after Alex says: "So I can report a suitability issue without recording collector error. Is this a problem before the analytical measurement rather than a low concentration?" It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 14, after Alex says: "The clinic will ask whether recollection is routine or urgent. Neither label appears in the message I have." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Noor's response in turn 10. It connects Alex's preceding point with Alex's follow-up. Rejection reason here is insufficient quantity for Q6, which does not establish who caused it or how it happened.

D Not here. This line belongs to turn 16, after Alex says: "I also need the collection instructions. I should not choose a container or amount simply to complete the note." It addresses that point, not the missing turn in the supplied exchange.

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Review 2 / Explanations / continued

4. Rebuild the exchange from "The service visit ended; H2 is still unavailable". Noor: "I'll retain H2 in the subject and message. An update about another instrument would not resolve this enquiry." Elena: [missing response] Noor: "Please send the documented status change through the proper route when available. Until then, I'll keep the clinic's message at unavailable." Which response belongs in the gap?

C. The equipment identifier should remain visible. That is especially important when multiple service enquiries are being handled at once.

A Not here. This line belongs to turn 20, after Noor says: "Please send the documented status change through the proper route when available. Until then, I'll keep the clinic's message at unavailable." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 6, after Noor says: "I'll remove eleven as the restart time. Can you confirm that return to use is still outstanding?" It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Elena's response in turn 18. It connects Noor's preceding point with Noor's follow-up. Equipment identifier H2 keeps the status attached to the correct analyzer and prevents confusion with another instrument.

D Not here. This line belongs to turn 14, after Noor says: "Then my update is H2 unavailable, service visit ended at eleven, and no confirmed restart time. I won't give a duration for the remaining outage." It addresses that point, not the missing turn in the supplied exchange.

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Review 3 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Recorded time the laboratory received the specimen. Which term fits?

D. receipt time

A Not here. receipt-to-report interval: Duration measured from laboratory receipt to reporting. The usual combination is "explain the receipt-to-report interval".

B Not here. estimate: Approximate expectation subject to relevant uncertainty. The usual combination is "qualify the estimate".

C Not here. queue status: Current position or condition of pending work. The usual combination is "report queue status".

D Correct. receipt time: Recorded time the laboratory received the specimen. The usual combination is "confirm receipt time".

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2. A colleague needs the term for this meaning: Explicit repair of an inaccurate spoken or written message. Which term fits?

B. communication correction

A Not here. revision reason: Documented explanation for a report change. The usual combination is "state the revision reason".

B Correct. communication correction: Explicit repair of an inaccurate spoken or written message. The usual combination is "make a communication correction".

C Not here. preliminary report: Report issued before the relevant final reporting stage. The usual combination is "identify the preliminary report".

D Not here. correction trail: Record linking an error to its documented correction. The usual combination is "preserve the correction trail".

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Review 3 / Explanations / continued

3. Rebuild the exchange from "The service visit ended; H2 is still unavailable". Noor: "The clinic is asking if this was a reagent problem. I don't see a reagent batch or fault finding in the information we have." Elena: [missing response] Noor: "Someone has also described calibration as passed. We don't have that result from the completed visit, do we?" Which response belongs in the gap?

B. Good. A reagent lot reference would be a specific technical claim. We have no such finding here, and it should not be added to make the explanation sound complete.

A Not here. This line belongs to turn 2, after Noor says: "The clinic saw that service on H2 ended at eleven. They're asking if we can use the analyzer again. Its status still says unavailable." It addresses that point, not the missing turn in the supplied exchange.

B Correct. This is Elena's response in turn 10. It connects Noor's preceding point with Noor's follow-up. Reagent lot identifies a production batch and is not a documented cause of H2's unavailability in this scenario.

C Not here. This line belongs to turn 12, after Noor says: "Someone has also described calibration as passed. We don't have that result from the completed visit, do we?" It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 8, after Noor says: "Which document should the authorized reviewer check for the work completed? I don't have the service findings." It addresses that point, not the missing turn in the supplied exchange.

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4. Rebuild the exchange from "Correcting the ten-o'clock report label". Noor: "Can you confirm that you've received the corrected version information, rather than only seen that I sent a follow-up?" Priya: [missing response] Noor: "Thank you. No later amendment is established here. I'll use the same version wording in any onward communication." Which response belongs in the gap?

C. I confirm receipt: ten hundred preliminary, fourteen hundred final, and your earlier final label for ten hundred is withdrawn.

A Not here. This line belongs to turn 14, after Noor says: "Please link this correction to the inaccurate message rather than silently replacing it. The next reader should know what was corrected." It addresses that point, not the missing turn in the supplied exchange.

B Not here. This line belongs to turn 8, after Noor says: "Exactly. Nor should we call the fourteen-hundred final report amended merely because I used the wrong word earlier." It addresses that point, not the missing turn in the supplied exchange.

C Correct. This is Priya's response in turn 18. It connects Noor's preceding point with Noor's follow-up. Receipt establishes that Priya received the corrected version information rather than leaving communication assumed.

D Not here. This line belongs to turn 20, after Noor says: "Thank you. No later amendment is established here. I'll use the same version wording in any onward communication." It addresses that point, not the missing turn in the supplied exchange.

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Review 4 / Explanations

Cumulative review

1. A colleague needs the term for this meaning: Chemical element measured as an analyte in this fictional report. Which term fits?

D. potassium

A Not here. notification record: Documentation of the communication and its receipt. The usual combination is "complete the notification record".

B Not here. notification time: Time at which the communication occurs. The usual combination is "record the notification time".

C Not here. read-back: Recipient's spoken repetition of the received message. The usual combination is "obtain a complete read-back".

D Correct. potassium: Chemical element measured as an analyte in this fictional report. The usual combination is "state the potassium result".

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2. A colleague needs the term for this meaning: Identifier used for the externally referred work. Which term fits?

C. referral reference

A Not here. referral laboratory: External laboratory receiving work referred for testing. The usual combination is "contact the referral laboratory".

B Not here. result date: Confirmed or proposed date for an issued finding. The usual combination is "avoid inventing a result date".

C Correct. referral reference: Identifier used for the externally referred work. The usual combination is "request the referral reference".

D Not here. handover: Transfer of status, responsibility, and next actions. The usual combination is "complete the handover".

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Review 4 / Explanations / continued

3. Rebuild the exchange from "Correcting the ten-o'clock report label". Noor: "Can you repeat the two versions back? I want to make sure the earlier mistake is not carried forward." Priya: [missing response] Noor: "That's correct. We haven't been given the clinical content of either version, so I can't describe a change in the patient's result." Which response belongs in the gap?

A. Ten hundred: preliminary. Fourteen hundred: final. I'll retain each issue time beside the corresponding status.

A Correct. This is Priya's response in turn 10. It connects Noor's preceding point with Noor's follow-up. Issue time distinguishes the 10:00 preliminary report from the 14:00 final report in the correction and handoff.

B Not here. This line belongs to turn 2, after Noor says: "Priya, I need to correct my earlier message. I called the ten-o'clock report final. It was preliminary; the fourteen-hundred report is final." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 16, after Noor says: "The earlier report also belongs in the retained version record under policy. Superseded does not mean erase the history." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 8, after Noor says: "Exactly. Nor should we call the fourteen-hundred final report amended merely because I used the wrong word earlier." It addresses that point, not the missing turn in the supplied exchange.

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Review 4 / Explanations / continued

4. Rebuild the exchange from "Delivered parcel, unconfirmed accession, accepted handover". Noor: "I'll read back the handover: X8 dispatched Monday, parcel delivered Tuesday, accession acceptance outstanding; you own that enquiry and the fifteen-hundred update." Eli: [missing response] Noor: "Thanks. I'll record your acceptance before leaving. The unresolved enquiry now has an owner, but the laboratory status itself has not changed." Which response belongs in the gap?

A. That is my acceptance acknowledgment of the handover. I accept those two responsibilities, with the accession status and result timing still unresolved as stated.

A Correct. This is Eli's response in turn 18. It connects Noor's preceding point with Noor's follow-up. Acceptance acknowledgment explicitly confirms Eli's responsibility for both the unresolved enquiry and the agreed clinic update.

B Not here. This line belongs to turn 10, after Noor says: "Can you explicitly take the enquiry as well as the call? I need to know who will continue it after this shift." It addresses that point, not the missing turn in the supplied exchange.

C Not here. This line belongs to turn 8, after Noor says: "The clinic is expecting a status update at fifteen hundred. That commitment remains even if the acceptance enquiry is unresolved." It addresses that point, not the missing turn in the supplied exchange.

D Not here. This line belongs to turn 16, after Noor says: "We also have no result date. Please don't turn the fifteen-hundred update into a promise that the report will be ready." It addresses that point, not the missing turn in the supplied exchange.

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Additional case 1 / Explanations

Extended conversation

1. standard deviation

Turn 2. Standard deviation is the supplied spread statistic of 2 mg/L; dividing the 7 mg/L difference by it gives 3.5, not 3.5 percent.

2. z-score

Turn 4. The z-score is $(107 - 100)/2 = +3.5$, a unitless standardized distance above the established mean; the percentage difference is separately seven percent.

3. inclusive limit

Turn 6. The supplied local rule includes an absolute z-score equal to three, as well as values greater than three; it is not a universal laboratory rule.

4. coefficient of variation

Turn 8. The supplied established SD divided by its mean, multiplied by one hundred, is two percent; this CV describes those established statistics, not proof that the current run is acceptable.

5. trend

Turn 10. A trend requires a pattern across observations; the single supplied high point cannot establish a sustained directional pattern or its cause.

6. review outcome

Turn 12. No authorized review outcome is supplied; the hold and correct arithmetic do not establish a cause, technical remedy, or permission to release the affected reports.

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Transfer exchange

1. 15

Technician: The result exceeds the mean by 15 mg/L.

Turn 1. Subtract the established mean of two hundred from the observed result of two hundred fifteen.

Additional case 1 / Explanations / continued

2. three

Lead: The z-score is positive three .

Turn 2. The difference of fifteen divided by the SD of five equals positive three.

3. 2.5

Technician: The established CV is 2.5 percent.

Turn 3. Five divided by two hundred, multiplied by one hundred, equals two-point-five percent.

4. held

Lead: The affected reports remain held .

Turn 4. The case-specific rule includes equality at an absolute z-score of three, and no release is authorized.

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Additional case 2 / Explanations

Extended conversation

1. dilution factor

Turn 2. One volume of sample plus four volumes of diluent gives five final volumes per one sample volume, so the recorded dilution factor is five, not four.

2. raw reading

Turn 4. The raw diluted-sample reading is forty mg/L before the factor is applied; it must remain distinguishable from the adjusted two-hundred-mg/L output.

3. factor-applied flag

Turn 6. The setup explicitly confirms the analyzer's documented flag, so its output of two hundred mg/L already includes the factor and must not be treated as an unadjusted reading.

4. double application

Turn 8. Multiplying the already adjusted two hundred by five produces one thousand, applying the same dilution factor twice rather than adding new measurement information.

5. unit label

Turn 10. All three supplied values use mg/L, so the discrepancy is not an mg/L-to-another-unit conversion; the extra multiplication is the documented difference.

6. reconciliation record

Turn 12. The reconciliation record should retain the raw value, factor, confirmed flag, adjusted output and discrepant draft for authorized review; identifying the mismatch does not itself authorize edits or release.

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Transfer exchange

1. 10

Technician: The recorded dilution factor is 10 .

Turn 1. One sample volume plus nine diluent volumes gives ten final volumes per sample volume.

Additional case 2 / Explanations / continued

2. 70

Specialist: The once-adjusted concentration is 70 mg/L.

Turn 2. Seven multiplied by the factor of ten equals seventy, which is the supplied adjusted analyzer output.

3. 700

Technician: The twice-adjusted draft incorrectly shows 700 mg/L.

Turn 3. Multiplying the already adjusted seventy by ten again produces the discrepant seven hundred.

4. pending

Specialist: Authorized review is still pending .

Turn 4. The calculation can be checked, but the setup states that authorized review has not been completed.

[Return to the conversation, page 101](#)

Additional case 3 / Explanations

Extended conversation

1. internal estimate

Turn 2. The internal estimate is 0.35 mg/L, below the stated 0.60 mg/L quantification limit; its display does not make it a reportable precise numerical concentration under this case's rule.

2. detection limit

Turn 4. The stated detection limit is 0.20 mg/L; the case separately supplies a confirmed detection call, rather than authorizing a positive call from a simple numerical comparison alone.

3. quantification limit

Turn 6. The quantification limit concerns measuring an amount with suitable precision and accuracy; the case gives 0.60 mg/L and requires a qualifier below it, rather than a numerical report of 0.35.

4. reporting qualifier

Turn 8. The case's reporting rule requires detected, below quantification limit; replacing it with zero or not detected would contradict the confirmed detection call.

5. clinical decision limit

Turn 10. Clinical decision limits concern clinical interpretation and are not supplied here; analytical detection or quantification limits must not be presented as diagnostic or normal-range cutoffs.

6. Display resolution

Turn 12. Display resolution describes how finely a screen presents values; two decimal places do not establish reliable quantification, measurement precision, or clinical significance.

[Return to the conversation, page 103](#)

Transfer exchange

1. detected

Technician: The confirmed analytical call is detected .

Turn 1. The setup explicitly confirms detection; neither zero nor not detected preserves that finding.

Additional case 3 / Explanations / continued

2. 0.40

Reviewer: The quantification limit is 0.40 mg/L.

Turn 2. The case supplies a quantification limit of zero-point-four-zero, distinct from the detection limit of zero-point-one-zero.

3. quantification

Technician: The required qualifier is below the quantification limit.

Turn 3. The internal estimate lies below the supplied quantification limit, and the case explicitly requires that qualifier.

4. unsupplied

Reviewer: Clinical significance remains unsupplied .

Turn 4. No clinical interpretation or clinical decision threshold is supplied, so analytical detection cannot establish one.

[Return to the conversation, page 106](#)

Find a phrase by purpose

Accessioning and unambiguous identifiers

Repeat the request: You are asking about A341.

Read it clearly: That is A, three, four, one.

State the limit: I have not established a verified case match.

[Full phrase bank, page 7](#)

Specimen suitability and recollection language

Identify the request: This message concerns test request Q6.

Attribute the finding: The laboratory lead documented insufficient quantity.

Explain the term: It refers to the amount of specimen available for testing.

[Full phrase bank, page 17](#)

Quality-control status and reportable results

Acknowledge completion: The analytical run has finished.

Name the unresolved stage: Quality-control review remains unresolved.

State the authority limit: The lead has not authorized result release.

[Full phrase bank, page 29](#)

Reagents, instruments, and service coordination

Identify the instrument: I am checking the status of analyzer H2.

State the current record: H2 is marked unavailable.

Name the known event: The service visit ended at eleven.

[Full phrase bank, page 39](#)

Find a phrase by purpose / continued

Turnaround times and realistic updates

Identify the specimen: This timing enquiry concerns T5.

State collection: Collection was recorded at eight.

State receipt: Laboratory receipt was recorded at nine.

[Full phrase bank, page 51](#)

Preliminary, final, and amended reports

Open the correction: I need to correct my earlier description.

Name the error: I called the ten-o'clock report final.

Withdraw the label: That label was incorrect.

[Full phrase bank, page 61](#)

Critical notifications and acknowledged handoffs

Identify the notification: This is Lumen laboratory with a critical-result notification for verified case C7.

State the analyte: The analyte is potassium.

State the value and unit: The result is six point four millimoles per liter.

[Full phrase bank, page 73](#)

Referral laboratories and outstanding work

Identify the send-out: This handover concerns X8.

State the dispatch evidence: X8 appears on Monday's manifest.

State the transport evidence: The courier confirms parcel delivery on Tuesday.

[Full phrase bank, page 83](#)

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References and publication notes

All cases, organizations, figures, and conversations are fictional teaching material, not transcripts. Communication practice does not replace qualified advice or current workplace procedures.

[1] US Bureau of Labor Statistics. Clinical Laboratory Technologists and Technicians.

Occupational context for specimen work, equipment, records, and communication. No salary forecasts or qualification advice are reproduced. Source checked 10 October 2026.

<https://www.bls.gov/ooh/healthcare/clinical-laboratory-technologists-and-technicians.htm>

[2] World Health Organization. Laboratory Quality Management System: Handbook, publication overview.

Overview of laboratory quality-management scope. Fictional procedures and examples are original, not reproductions of the handbook or current accreditation rules. Source checked 10 October 2026.

<https://www.who.int/publications/i/item/9789241548274>

[3] Agency for Healthcare Research and Quality. Check-Back or Repeat-Back.

Communication reference for recipient repetition and sender confirmation. The critical-result scenario supplies its own fictional value and local designation. Source checked 10 October 2026.

<https://www.ahrq.gov/teamstepps-program/curriculum/communication/tools/checkback.html>

Companion course

The website offers the eight-lesson course and related practice. This book can be used independently. No audio access or external account is needed for its exercises.

<https://englishladder.com/efsp-medical-laboratory-technicians.html>

Clear records. Confirmed messages.

Eight laboratory conversations practice exact identifiers, recollection requests, release status, service coordination, realistic timing, report versions, critical notifications, and referral follow-up.

Accessioning and unambiguous identifiers

A314 and A341 contain the same digits in a different order, but that resemblance does not prove they represent the same case. The log entry and caller request must remain distinct until the required verification establishes a match.

Specimen suitability and recollection language

Insufficient quantity refers to specimen amount for Q6. It is not a numerical test result and does not mean the patient's measured concentration is low. Do not substitute a clinical conclusion for an operational suitability message.

Quality-control status and reportable results

Run complete is an instrument-workflow status. It does not establish resolved quality control or release authorization. Because review is unresolved, do not describe the quality outcome as passed, failed, or irrelevant.

Reagents, instruments, and service coordination

The service visit ended at 11:00, but H2 remains marked unavailable. A departure time is not return-to-service authorization, proof of a completed repair, or a guaranteed restart time.

Phil Stilwell

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