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GENERAL INFORMATION

LABORATORY DESCRIPTION

The PDI Laboratory is a comprehensive diagnostic facility located at 5010 Ritter Road, Suite 104, Mechanicsburg, PA 17055. It is staffed by pathologists, medical technologists and support personnel. The Laboratory is currently in operation Monday through Friday, 7:30 AM until 4:30 PM.

STATEMENT OF SERVICES

The PDI Laboratory provides the following services to our outpatient clients:

- Phlebotomy Services (venous and capillary)
- Courier Services (specimens, reports, supplies)
- Specimen Testing
- Online Reporting and Results Retrieval

LOCATIONS

Perll Diagnostics, Inc.
5010 Ritter Road, Suite 104
Mechanicsburg, PA 17055

INQUIRES

Client Services
(717) 691-1500 Ext. 1
7:30 AM- 4:30 PM, Monday – Friday
Email: Clientservice@perlldiagnostics.com
Visit us at <http://perlldiagnostics.com>

ACCREDITATION INFORMATION

The PDI Laboratory is a fully accredited comprehensive facility. The Laboratory is inspected and approved by the College of American Pathologists (CAP) and the Department of Public Health (DPH). In addition, the PDI Laboratory is Medicare/Medicaid approved.

CERTIFICATION/LICENSURE NUMBERS

| | |
|----------------------------|------------|
| CAP | 7535710 |
| Federal Employer ID Number | 27-4287573 |
| CLIA License | 39D2021686 |

COURIER SERVICES

The PDI Laboratory provides specimen courier services for laboratory testing from physician's offices, nursing homes and other lab client sites. Specimens are generally picked up several times a day and delivered to the PDI Laboratory for processing. Specific courier times will be arranged with each laboratory client.

TURNAROUND TIME

We are committed to providing the most expedient turnaround time possible to improve diagnosis and treatment. We consider that laboratory services are part of the patient care continuum and the needs of the patient are paramount. PDI's service and quality metrics document our ability to deliver on all areas of service including turnaround time. PDI defines turnaround time as the analytic test time (the time from which a specimen is received at the testing location to the time of result). Turnaround time is monitored continuously.



STAFF

Under the direction of the Medical Director, day-to-day operational activities of lab sections are planned, organized and controlled by section supervisors. Each Supervisor is responsible for controlling and maintaining systems and procedures for test requisition, processing and reporting.

| ADMINISTRATIVE | |
|-----------------------------------|---------------------------------------|
| Dr. Nava Nawaz, M.D. | President and Laboratory Director |
| Moritza Termin | Executive Administrative Assistant |
| COURIERS | |
| Galen Woelslage | MedSpeed |
| LABORATORY BILLING | |
| MTBC Billing Company | |
| TECHNICAL STAFF | |
| April Miller, Technical Assistant | |
| Dr. Beth Houser, PhD | |
| Carol Deane, M.T. (ASCP) | |
| Jeffrey Lippy , M.T. (ASCP) | |
| Michele Arrison, H.T. (ASCP) | |
| Scott Weidman, M.T. | |
| Tanya Glass, M.T. (ASCP) | |



SUPPLIES

Specimen collection supplies are delivered to clients when requested. Please fill out a supply requisition and fax it to (717) 691-5551 or call (717) 691-1500.

COURIER SERVICE

Scheduled and STAT courier service is available. From initial call for pick up to notification of results, our turnaround time is dependant on pickup distance from the PDI Laboratory.

REPORTS

To ensure for the successful, timely completion of lab procedures, the Laboratory is computerized with a Psyche Lab System. This computer system is directly interfaced to all major analyzers resulting in rapid test result turnaround times and high quality computer-generated patient reports. Outpatient reports contain:

Patient demographic information:

- Name
- Medical Record Number
- Date of birth
- Physician(s) full name
- Billing number
- Telephone number

Order/specimen processing information:

- Date and time order received
- Date and time specimen reported
- Status of test order

Test result data information:

- Normal ranges by age and sex
- Flagging of abnormal values

Results can be viewed in both the Windopath or Outreach systems. Outreach Clients are additionally able to print clinical lab results via secure online access on their PC. Results are specific by client location.

Hard copy patient reports are faxed to referring physicians' offices, nursing homes and other client ordering locations. Reports can also be viewed via the website on any personal computer in Outreach.



QUALITY CONTROL

High quality standards are maintained at the PDI Laboratory through the selection of fully qualified personnel, continued inspection and re-accreditation of our facilities by professional and governmental organizations, and strict adherence to internal and external quality assurance programs. Laboratory operations are directed by our President, who is Board Certified in both Clinical and Anatomical Pathology.

QUALITY ASSURANCE

External and internal quality assurance programs are currently maintained by our Laboratory. These programs monitor both the quality of laboratory results (accuracy and precision) and the quality of service (specimen handling and results reporting). External programs such as the CAP Laboratory Improvement Programs are subscribed to by the PDI Laboratory. Internal programs include participation in the Quality Assurance initiative at the laboratory level, blind submission of duplicate samples, quality control sample analysis, data review, and preventive maintenance programs. Patient result reporting is currently provided by our Laboratory Information System (LIS). Computer-generated hard copy reports are provided to our external clients on a daily basis. The LIS also provides: on-line results retention for rapid result retrieval, computer analyzer interface for uploading and downloading of test information, delta-checking for previous vs. current result review and verification, computer billing, specialized management reports, and result reporting via telecommunications.

QUALITY CONTROL

All laboratory sections have detailed procedure manuals outlining procedures and principles, normal ranges, and result-reporting protocols. These manuals are constantly reviewed and updated by supervisory personnel and the pathologist. In addition, all sections of the laboratory are equipped with "back-up" equipment and/or methodologies to ensure that there is no disruption in service. Quality control materials (i.e. low abnormal, normal, high abnormal specimens) are analyzed with every test run. Quality control results must be within the established normal ranges before patient results are considered acceptable.

RESULTS REPORTING

After results have been checked and verified by lab technologists, hard copy lab reports are generated by the lab computer system. The patient's report will contain an "H" or "L", next to the patient's abnormal result(s) for high and low as a notification to the physician in addition to an "A" for abnormal. All critical results are telephoned to the patient's physician office or Nursing Home (if applicable), and documented on the lab result.



ORDERING TESTS

Paper Requisitions

Lab requisitions will be provided to clients. In-services are provided to office staff to ensure the proper use of the requisitions and can be scheduled through Sales & Marketing. Clients are asked to provide the following information on the requisition:

- Patient's full name, address, date of birth, sex
- Full name, address, and phone number of ordering physician, nurse practitioner or physician's assistant. The ordering provider's signature is required for all Medicaid Outpatients.
- Patient's diagnosis, signs and/or symptoms related to the tests ordered.
- Insurance information,
- Name of insurer
- Policy number
- Claims address
- Name of subscriber
- Test(s) to be performed
- Check off the panel and/or individual test(s) that are to be performed. If the test is not listed, fill in the section marked "other" at the bottom of the requisition.

Web Based

All chemistry, hematology, immunology and microbiology requests can be ordered in the Psyche Outreach System before sending specimens to the laboratory. Ordering may be done through this system via secure log-in on our website, www.perildiagnosics.com.

Add-On Tests

All Add-on tests shall be entered in the LIS by Laboratory Personnel only. Orders for additional tests are to be faxed to the Laboratory. The Technologist will verify the validity of the sample and quantity and order the test as requested. The facsimile shall be filed as an order record.

SPECIMENS

LABELING

All Specimens must be clearly labeled and include:

- Patient's Last Name, First Name
- Date of Birth
- Date and Time of Collection
- Collector's Initials

FOR EXAMPLE:

| |
|--|
| SMITH, JOSEPH DOB 09/10/1925 (AND/OR MR #123456) DATE 04/25/2003, JD |
|--|

SPECIMEN COLLECTION

Specimen requirements for all testing are outlined in the alphabetical test list.

Barcodes for the specimen are printed at the clients' offices and placed on the appropriate specimen tubes.

SPECIMEN TRANSPORT

All specimens should be accompanied by a completed patient requisition placed in the outer sleeve of the leak-proof, zip-lock biohazard specimen bag that will be provided by the Laboratory. One bag for each patient is necessary.

- Please do not staple specimen bags together.
- Please ensure that specimen containers for urine and stool are sealed correctly and tightly to deter from leakage during transportation.
- Specimen transportation requirements vary, please refer to the alphabetical Test Listing in this manual.

SPECIMEN COLLECTIONS FOR COAGULATION TESTING

Blood should be collected in a blue-top tube containing 3.2% buffered sodium citrate. Evacuated collection tubes must be filled to completion to ensure a proper blood to anticoagulant ratio. The sample should be mixed immediately by gentle inversion at least six times to ensure adequate mixing of the anticoagulant with the blood. To avoid contaminating the sample with tissue thromboplastin, the venipuncture must be clean, with no trauma. Hemolyzed samples are not acceptable. **UNDERFILLED AND OVERFILLED TUBES ARE ALSO UNACCEPTABLE.** (Please refer to SPECIMEN REJECTION CRITERIA section of the Client Services Manual)

SPECIMEN ACCEPTABILITY

The following list indicates the time limits for coagulation testing. Any tests outside these ranges will require another specimen to be drawn.

| | |
|--|--|
| Prothrombin Time | 24 hours at Room Temperature |
| Activated Partial Thromboplastin Time (aPTT) | 4 hours at Room Temperature <i>MUST BE FROZEN IF NOT TESTED WITHIN 4 HOURS</i> |
| Fibrinogen | 4 hours at Room Temperature <i>MUST BE FROZEN IF NOT TESTED WITHIN 4 HOURS</i> |
| D-dimer | 4 hours at Room Temperature <i>MUST BE FROZEN IF NOT TESTED WITHIN 4 HOURS</i> |

DIRECTIONS FOR FREEZING COAGULATION SPECIMENS:

Specimens should be centrifuged at 3500RPM for 10 minutes. Pipette off the top 2/3 of plasma into a plastic specimen tube labeled with patient identification. Cap plastic specimen tube. Rubber band the original blue top tube with the corresponding plastic tube.

*****IMPORTANT NOTE*****

Perll Diagnostics suggests following the “DIRECTIONS FOR FREEZING COAGULATION SPECIMENS” within 4 hours for ALL specimens. In case of delayed transportation to the laboratory this will ensure specimen viability.

This is especially encouraged to Clients with an afternoon/evening courier pickup that collect Coag Studies in the A.M.

SPECIMEN COLLECTIONS FOR CHEMISTRY / IMMUNOLOGY TESTING

For chemistry / immunology testing serum separators (SST tube with gold top) will be used most of the time. The sample of blood will need to be a venous sample, and must be free of hemolysis and/or lipemia. These factors will give an inaccurate result(s), and will not be accepted in the laboratory.

FASTING TESTS

Please make sure the patient has not had anything to eat or drink for at least 10-12 hours. Patients should not eat, chew gum or smoke (black coffee and water are okay). The following tests are required to be fasting

*Cryoglobulin *Gastrin *Glucose fasting *Glucose Tolerance *Lactose Tolerance

*Lipid panel (*Triglycerides *LDL *Cholesterol *HDL) *Triglycerides

TESTS THAT ARE PREFERRED FASTING

*Homocysteine *Insulin *Iron /Iron profile *Growth Hormone *Parathyroid Hormone

SPECIMEN HANDLING

Except for the tests listed below, the specimens for Chemistry / Immunology are to be kept capped and in a vertical position. They should be allowed to clot for approximately 30 minutes and spun at 3400 rpm for a minimum of 10 minutes. Serum must be separated from contact with cells within 2 hours of collection. Most specimens should not remain at room temperature for more than 8 hours. They will need to be refrigerated at 2-8°C.

Ammonia- Fill LAVENDER TOP EDTA tube completely. Mix gently by inverting 8-10 times, place on ice, centrifuge immediately for 10 minutes at 3400 RPM and plasma must be removed from RBC's. We will request both of the tubes be sent to us on ice. This test must be analyzed within 30 minutes. You will need to order it as a STAT!!! Sample cannot be FROZEN!!

Lactic Acid- Fill the tube completely (you will use a Sodium fluoride 10mg/ potassium oxalate 8mg, grey top, mix gently by inverting 8-10 times, place on ice, centrifuged immediately for 10 minutes at 3400 RPM and plasma must be removed from RBC's. We will request both of the tubes be sent to us on ice. This test must be analyzed within 30 minutes. You will need to order it as a STAT!!! Sample cannot be FROZEN!!

Lipase- Must be run with in 8hrs of collection and cannot be at room temp for more than 4hrs, so please refrigerate 2-8°C.

CHEMISTRY TESTS REQUIRING FRESH URINE

*Calcium *Lytes *Microalbumin *Micro Total Protein *Pancreatic Amylase

All of the above tests should be run with in 2 hrs of collection and should be run at room temperature. 24 hour urine analysis should be refrigerated. (Please check what preservatives will be needed)

PHOTOSENSITIVE SPECIMENS

*Total Bilirubin *Direct Bilirubin

Any tests that will not be run with in 48 hrs must be poured off and frozen at -15 to -20°C.run within 48 hrs or freeze specimen after separating serum from the RBC's.

Specimen must be wrapped in aluminum foil due to photosensitivity, or it will be rejected.

SPECIMEN COLLECTIONS FOR HEMATOLOGY TESTING

A Complete Blood Count, Differential, Sedimentation Rate, and/or Reticulocyte Count requires a venous collection into a lavender top vacutainer tube containing the anticoagulant EDTA. The collection tube must be filled completely because an under-filled tube will increase the ratio of anticoagulant to blood ratio. The sample should be mixed immediately by gentle inversion at least six times to ensure proper mixing of the anticoagulant with the blood. Hemolyzed samples are not acceptable.

SPECIMEN TRANSPORT FOR HEMATOLOGY TESTING

Specimens should be transported unspun at chilled temperature in a tote containing ice packs. The temperature should be roughly 2-10 degrees C.

SPECIMEN ACCEPTABILITY

The following list contains the time limits for Hematology testing. Any specimen falling outside these parameters may be subject to rejection of testing.

| | |
|----------------------------|--------------------------------------|
| Complete Blood Count (CBC) | 24 hours at refrigerated temperature |
| Differential | 24 hours at refrigerated temperature |
| Sedimentation Rate | 12 hours at refrigerated temperature |
| Reticulocyte Count | 24 hours at refrigerated temperature |

SPECIMEN REJECTION CRITERIA

Pre-analytical specimen integrity is extremely important to the final result reported by the laboratory. All specimen requirements as noted in the individual sections of this manual should be strictly followed. PDI will notify the physician's office if a specimen will be rejected and subsequently not tested.

To ensure patient and employee safety, specimens falling into any of the categories listed below will not be accepted by the Laboratory for examination:

- Unlabeled Specimens
- Improperly labeled specimens.
- Improperly collected specimen (as defined below)
- Specimens showing gross evidence of contamination.
- Situations that make the identity of the sample unreliable.
- Specimens that have leaked or have specimen on the outside of the container (except for irreplaceable specimens such as CSF, surgical specimens, ect.)

Additionally, specific criteria are in place for selected sections of the Laboratory:

- All specimens must have the date and time of collection
- There must be adequate specimen for tests ordered
- Specimens which require delivery on ice, but which arrive at room temperature
- Non-sterile specimens which should be sterile collections.
- Hemolyzed specimens will be rejected (testing interference, inaccurate results)

CHEMISTRY—CRITERIA FOR REJECTION

- Spun SST or PST tubes which are received > 48 hours after collection
- Unspun SST or PST tubes or Red Top tubes which are received > 4 hours after collection
- Grossly or moderately hemolyzed specimens (assay dependent)
- 24 hour urine collections without the appropriate preservative for the test requested.

HEMATOLOGY/COAGULATION—CRITERIA FOR REJECTION

- Clotted specimens for Hematology will be rejected.
- Lavender top tubes received for CBC > 48 hours after collection (CBC specimens received > 24 hours may not be acceptable for Differential WBC counts)
- Under filled coagulation tubes will be rejected (incorrect ratio of plasma to anticoagulant)
- Overfilled tubes will also be rejected for the same reason.
- Blue Top tubes for PT > 24 hours after collection. (unless plasma is frozen)
- Blue Top tubes for PTT > 4 hours after collection (unless plasma is frozen)
- Coagulation or Hematology specimens which are clotted.

URINALYSIS—CRITERIA FOR REJECTION

- Urinalysis specimens received > 24 hours after collection (specimens should be refrigerated if submitted > 2 hours after collection)
- Urinalysis specimens received > 48 hours after collection in urine preservative/transport tube.

BLOOD COLLECTION TUBES

| Tube | Additives | Purpose |
|---------------------------------------|--|--|
| 6 ml Plain Red Top | No additive | For tests that require serum but do not allow the use of SST's. (body fluids, therapeutic drugs) |
| Gold Top Serum Separator (SST) | Gel Barrier | Used for tests requiring serum (most chemistry tests) |
| Lavender ("Purple") ("EDTA") | Anticoagulant: EDTA | Used for tests requiring whole blood or plasma (most hematology tests.) |
| Light Blue | Anticoagulant: 3.2 buffered sodium citrate | Used for coagulation testing (PT, APTT, Factor Assays) Note: To provide accurate concentration of anticoagulant to blood, a full tube must be drawn (4.5 ml of blood) |
| Gray | Anticoagulant Potassium Oxalate | Used for certain chemical tests |
| Green | Anticoagulant: Lithium Heparin or Sodium Heparin | Used for tests requiring heparinized whole blood or plasma |
| Light Green | Anticoagulant: Lithium Heparin | Used for tests requiring plasma and most common chemistry tests as an alternative to serum |
| Yellow | Acid - Citrate - Dextrose | Used for HLA testing, Tay Sachs, Cystic Fibrosis, special testing |
| Royal Blue With EDTA | EDTA | Used for heavy metal testing |
| Royal Blue-Plain | No additive | Used for specific heavy metals |

PROCEDURES

PURPLE TOP TUBES

Specimens should be obtained and gently inverted several times. It is not necessary to centrifuge

SERUM

One (1) 7 ml serum separator tube, when full yields approximately 2-3 ml of serum. Specimens should be obtained in the appropriate tube, gently invert tube 5 times, allowed to clot (approx. 30 min) and centrifuged for 15 minutes.

PLASMA

Specimens should be obtained in the appropriate tube, inverted 8-10x. Follow appropriate test procedures for separating and handling of plasma.

WHOLE BLOOD

Collect specimen in the appropriate anticoagulant tube, mix, gently, but do not centrifuge. Label tube with patient's full name, date of birth or medical record number, and initials of person who obtained specimen.

Hemolyzed, lipemic, or icteric samples may cause interference in certain tests. If this condition is present, it will be noted on the report and a repeat sample should be obtained.

OTHER SPECIMENS

Sputum, clean-catch urine and 24-hour urine containers, transport media, and other specialized containers are also available from PDI.

CRITICAL CALL AND COURTESY CALL POLICY

PURPOSE All results are assessed for clinical relevance; therefore, all data necessary for prompt clinical attention, must be transmitted to the attending physician, requesting physician or their agent as soon as possible.

CRITICAL RESULTS are defined as results that, if left untreated, could be life threatening or place the patient at serious risk.

COURTESY CALLS are made to alert the caregiver of results that may be deemed clinically significant.

The following procedures will be followed for CRITICAL RESULTS and COURTESY CALLS:

- Critical clinical laboratory results should be communicated within 30 minutes from the time when the test result is identified as critical on outpatients.
- Anatomic Pathology critical results will be conveyed based on the criteria. When warranted the physician will be notified immediately by the responsible pathologist and notation made in the final diagnosis section of the report.
- Laboratory associates must ask the person receiving the critical result to read back the name of the analyte and the result to verify accuracy of verbal communication.
- Transmission of results by fax or computer is acceptable; however, a telephone call confirming the receipt of the result by the recipient must occur. Read-back of the result is not necessary when recipient confirms that an electronic or paper copy has been received.

Courtesy calls will be initiated within 4 hours from the time of identification of significant result. Timeliness of notification related to outpatient testing may be dependent on ordering physician office hours. Anatomic Pathology courtesy calls will be made in the AM of the next day.

Documentation of notification is essential and must be maintained by the laboratory. The documentation should include the following:

1. First and Last name of person notified and method of notification
2. Date and time of notification
3. The technologist whom called the result
4. The test result called

All documentation should be placed in the Laboratory Information System as a Call Comment. Steps 2 and 3 of the notification will be automatically captured by the Laboratory Information System.

If unable to contact a caregiver regarding a critical call value or other significant result, the pathologist on call should be contacted. A "Laboratory Event Form" documenting all actions must also be completed.

The laboratory will periodically monitor the timeliness of communication of critical calls and courtesy calls. Abnormal events will be evaluated as part of the Quality Management program.

HEMATOLOGY CRITICAL VALUES

| | ADULTS Notify Immediately, Anytime | PEDIATRICS Notify Immediately, Anytime | ADULTS Notify ASAP during day, 1 st thing next AM after hours | ALL AGES Acknowledged notification within one week |
|-----------------------------------|--|--|---|--|
| Absolute Neut. Count (ANC) | ≤ 500/ul (1 st finding within 3 day period) | ≤ 500/ul; ≥ 30,000/ul <1500/ul (0-30d) (1 st finding within 3 day period) | ≥ 30,000/ul (if no value ≥ 30,000 in prior 30 days) | |
| APTT | ≥ 100 seconds | ≥ 100 seconds > 60 seconds (0-30d) | | |
| Blasts n Peripheral Smear | | Present (new finding) | Present (new finding) | |
| CSF Cell Count | >10 wbc/mm ³ | > 10 wbc/mm ³ | | |
| Fibrinogen | ≤ 100 mg/dl (1 st finding within 3 day period) | ≤ 100 mg/dl (1 st finding within 3 day period) | | |
| Hematocrit (Hct) | ≤ 20% (if no low value in prior 30 days) | ≤ 25%; > 65% | Adult and Pedi: Between 15 and 20 AND a drop of ≥ 3, OR < 15 AND a drop of ≥ 2 | |
| Hemoglobin (Hgb) | < 6.5 g/dl | ≤8 gm/dl >21 gm/dl | | |
| INR | ≥ 5.0 | ≥ 4.5 | ≥ 4.5 | |
| Platelets | ≤ 10,000/ul | ≤ 30,000/ul | ≤ 30,000/ul | |
| Sed Rate | | ≥ 40mm/hr | | |
| WBC | ≤ 1,000/ul (1 st finding within 3 day period) | ≤ 1,000; ≥ 20,000/ul (1 st finding within 3 day period) | ≥ 150,000/ul (if no prior value ≥ 150,000 in prior 30 days) | |
| ITNR | | ≥ 0.20 | | |

CHEMISTRY CRITICAL VALUES

| | ADULTS Notify Immediately, Anytime | PEDIATRICS Notify Immediately, Anytime | ADULTS Notify ASAP during day, 1 st thing next AM after hours EXCEPTIONS NOTED | ALL AGES Acknowledged notification within 1 week |
|------------------------|--|--|---|--|
| Acetaminophen | > 50mg/dl | > 50 mg/dl | | |
| AST/ALT | | ≥ 1000 IU/L (if no prior value ≥ 1000 in prior 30 days) | ≥ 1000 IU/L (if no prior value ≥ 1000 in prior 30 days) | |
| Amylase | > 500 IU/L | > 500 IU/L | | |
| C02 | < 10 mmol/l | < 10 mmol/l or > 40 mmol/l | < 12 mmol/l | |
| Calcium | < 6.5 mg/dl ≥ 12 mg/dl | < 6.5 mg/dl ≥ 12 mg/dl | | |
| Carbamazepine | > 20 ug/ml | > 14 ug/ml | > 14 ug/ml | |
| Creatinine | | > 2.0 mg/dl | > 4.0 mg/dl (see note 3) | |
| CSF Chemistry | Protein > 80mg/dl Glucose < 30mg/dl or > 300 mg/dl | Glu < 80; Prot > 45 (All CSFs are performed & reported STAT) | | |
| Digoxin | > 2.8 ug/ml | > 2.5 ug/dl | | |
| Dilantin | > 30 ug/ml | > 25 ug/dl | | |
| Gentamycin | | > 12 ug/ml (peak) > 2.5 ug/ml (trough) | > 12 ug/ml (peak) > 2.5 ug/ml (trough) | |
| Glucose | ≥ 500 mg/dl ≤ 45 mg/dl | ≤ 40 mg/dl (0-3 days) ≤ 60 mg/dl (>3 days) ≥ 200 mg/dl | | |
| HCG | | | | > 200,000 (first elevated value in 3 month period) |
| HIV | | | | First Positive or Indeterminate |
| Lithium | > 2.0 meq/l | > 2.0 meq/l | | |
| Magnesium | < 1.0 or > 7.0 mg/dl | < 1.2 or > 5.0 mg/dl if < 1 year old | | |
| Phenobarb | > 60 ug/ml | > 50 ug/ml | | |
| Phosphorus | < 1.0 mg/dl | < 1.5 mg/dl | < 1.5 mg/dl | |
| Potassium | ≤ 3.0 mmol/l > 6.0 mmol/l | ≤ 3.0 mmol/l > 6.0 mmol/l ≥ 7 mmol/l (0-3 days) | | |
| PSA | | | | > 10 ng/ml (if no value ≥ current value prior 6 mos) |
| Salicylate | > 50 mg/dl | > 50 mg/dl | | |
| Sodium | ≤ 120 mmol/l ≥ 160 mmol/l | ≤ 125 mmol/l > 155 mmol/l | ≤ 125 mmol/l ≥ 155 mmol/l | |
| Theophylline | > 20 ug/ml | > 20 ug/ml > 15 ug/ml (0-30 days) | | |
| Total Bilirubin | | ≥ 14.0 mg/dl (0-30 days only) | | |
| Troponin-I | 1 st positive within 3 day period (≥ 0.4 ng/ml) | | | |
| Urine Glucose | | 3+ | | |

MICROBIOLOGY CRITICAL VALUES

| | ADULTS Notify Immediately, Anytime | PEDIATRICS Notify Immediately, Anytime | ADULTS Notify ASAP during day, 1st thing next AM after hours EXCEPTIONS NOTED | ALL AGES Acknowledged notification within 1 week |
|---|---|---|--|--|
| Blood culture | Positive | Positive | | |
| CSF Cultures | Positive | Positive | | |
| Culture Results: M. Tuberculosis N. Meningitidis | Positive *Infection Control also noted | Positive *Infection Control also noted | | |
| Culture or Antigen Results: VRE, MRSA, ESBL, C-difficile | Positive (inpatients) *Infection Control also notified | Positive *Infection Control also notified | Positive (outpatients) | |
| Gram Stain/KOH Prep | | | | |
| Malaria, Babesia, Ehrlichia on smear | Positive *Infection Control also notified (inpatients) | Positive *Infection Control also notified (inpatients) | | |
| Rapid Antigen: Crypto, H. Flu or N. Meningitidis | Positive | Positive | | |
| Stool Culture | Positive | Positive | | |