



INTERPATH LABORATORY, INC.
CLIENT CRITICAL VALUE POLICY

Provider Name: _____ Client Number: _____

Critical Values are laboratory test results that indicate a potential life-threatening situation to the patient and warrant immediate medical evaluation and/or treatment. Please review this policy, sign and return to Interpath Laboratory.

Critical values have the highest reporting priority and will be called 24 hours a day, upon test completion, to the ordering or on-call provider. Verbal Critical values will only be given to a physician or other certified medical personnel responsible for the patient's care. To assure accuracy of verbal reports, you will be asked to read-back all information.

You may use this form to indicate modifications to call values, as long as values are at least as stringent as those set by the Laboratory Medical Director. Additional tests may be added to the list upon request.

NO.	TEST	NORMAL RANGE	CRITICAL VALUES	CLIENT SPECIFIC VALUE
2701	Acetaminophen	10-30 ug/mL	> 50.0	< ____ > ____
1016	Calcium	8.4-10.2 mg/dL	< 6.5 or > 13.0	< ____ > ____
1025 1083	CO ₂	19-31 mEq/L	< 12	< ____ > ____
2709	Digoxin	0.8-2.0 ng/mL	> 3.0	< ____ > ____
2054 2602	Fibrinogen	180-420 mg/dL	< 90	< ____ > ____
1023	Glucose	60-100 mg/dL	< 40 or > 500	< ____ > ____
3024 3025	Hematocrit	35-50 %	< 20 or > 65	< ____ > ____
3019 3020	Hemoglobin	12.0-18.0 g/dL	< 6 or > 20	< ____ > ____
2038 2178	Iron	37-160 ug/dL	> 350	< ____ > ____
2092	Lactate	4.5-19.8 mmol/L	> 30.6	< ____ > ____
2720	Lithium	0.5-1.5 meq/L	> 2.0	< ____ > ____
2042	Magnesium	1.7-2.5 mg/dL	< 1.0	< ____ > ____
2721	Phenobarbital	15.0-40.0 ug/mL	> 50.0	< ____ > ____
2714	Phenytoin	10.0-20.0 ug/mL	> 25.0	< ____ > ____
1012	Phosphorus	1.6-4.5 mg/dL	< 1.2	< ____ > ____
3510	Platelet Count	140-440 K/uL	< 30 or > 1000	< ____ > ____
1027 1074	Potassium	3.6-5.1 mEq/L	< 2.5 or > 6.5	< ____ > ____
3509 3511 3513 3524 3530	Prothrombin Time (on anticoagulant)		INR > 5.0	< ____ > ____
1026 1071	Sodium	132-143 mEq/L	< 120 or > 160	< ____ > ____
2003	T4	4.4-12.5 ug/dL	< 2.5 or >20.0	< ____ > ____
2273 2613	Troponin (Access)	< 0.50 ng/mL	Positive or > 0.50	< ____ > ____
2294	Troponin (Triage)	< 0.40 ng/mL	Positive or > 0.40	< ____ > ____
1013	Uric Acid	2.6-8.7 mg/dL	> 13.0	< ____ > ____
3010	WBC	4.5-11.0 K/uL	0 or >30	< ____ > ____

MICROBIOLOGY:

All spinal fluid gram stains, positive
Positive blood cultures
Positive blood parasite smears

NOTE: Client specific instructions are followed based on the ordering physician's directions, NOT those of the on-call physician.

REQUIRED:

Please provide specific instructions in which an Interpath Laboratory representative will be able contact you during and after hours (24/7) for critical value information.

Call office number where on-call information is always available.

Cell Number: () - _____

Pager Number: () - _____

Answering Service: () - _____

Other: () - _____ Explain: _____

I have read and understand Interpath Laboratory's Client Critical Value Policy.

Signature Date