



A Subsidiary of Laboratory Sciences of Arizona

Sonora Quest Laboratories Critical Value Reporting Policy

Effective March 26, 2009

Immediate Notification by Telephone:

Pursuant to federal regulation, Sonora Quest Laboratories must “immediately alert the individual or entity requesting the test and, if applicable, the individual responsible for using the test results when any test result indicates an imminently life-threatening condition or panic or alert values.” (42CFR493.1291(g)) A policy implementing this regulation is required by the College of American Pathologists (CAP).

Certain test results have been identified as being potentially life threatening when the values fall outside established reference ranges. These results are flagged as “Critical Values” and must be handled in a different manner than other abnormal or STAT test results.

Sonora Quest Laboratories is responsible for effectively communicating Critical Value test results to the original ordering physician, nurse, hospital-designated personnel, clinic, or client immediately upon generation of such results, 24 hours per day/7 days per week. The laboratory is required to appropriately document the first and last name of the person receiving notice of the critical value test results.

The attached critical values list represents the analytes and respective values identified as potentially life threatening that will be reported out immediately by telephone whenever such results are generated. No other abnormal test results will be reported immediately unless requested by the ordering physician on the test requisition.

Alternate Process for Critical Value Reporting:

Certain clients treat patients whose test results routinely have panic or alert values and the clients do not choose to receive immediate critical value result reports by telephone during certain hours. CAP has determined that communication of critical value results by facsimile or electronic transmission is acceptable as long as verbal confirmation of the receipt of said results is made at the end of the exception period. Clients may request in writing or through their Account Manager that Sonora Quest Laboratories employ alternate critical value reporting methods:

- Sonora Quest Laboratories will allow reasonable exceptions to our critical value reporting method, within regulatory guidelines, when clients rendering patient care sign and submit a Critical Call Exception Form.
- **The Critical Call Exception Form must be signed by all physicians using the account.** No single person (i.e. Medical Director, Company President, etc.) may sign the form on behalf of all physicians. New physicians added to the account must sign a copy of the original form and be added to the file.
- The Critical Call Exception Form will be kept in the client’s master file on the Sonora Quest Laboratories’ premises.
- **All Critical Call Exception Forms must be renewed annually and will be canceled if not renewed within one year from the previous effective date.**
- The requestor(s) must acknowledge that occasionally, due to operational factors (computer down, etc.); Sonora Quest Laboratories may be unaware of exceptions to critical value reporting methods on file and will default to their normal procedure.

Critical Value Table - Toxicology

	Critical High	Units
Acetaminophen	>49	µg/mL
Acetone	>19	mg/dL
Alcohol, Ethyl, Blood	>299	mg/dL
Amikacin, Trough	>10.0	µg/mL
Carbamazepine	>15.0	µg/mL
Cholinesterase, Plasma (<12 months)	<701	U/L
Cholinesterase, Plasma (12 months & above)	<1201	U/L
Cholinesterase, RBC (<12 months)	<501	U/L
Cholinesterase, RBC (12 months & above)	<901	U/L
Cyclosporine	>500	ng/mL
Digoxin	>2.4	ng/mL
Digoxin, Free	>2.2	ng/mL
Dilantin® (Phenytoin)	>30.0	µg/mL
Ethanol	>299	mg/dL
Ethylene Glycol	>10	mg/dL
Gentamicin, Trough	>2.0	µg/mL
Isopropanol	>24	mg/dL
Lidocaine	>8.0	µg/mL
Lithium	>1.5	mmol/L
Methanol	>19	mg/dL
N-Acetyl Procainamide (NAPA)	>31.9	µg/mL
Pentobarbital	>10.0	µg/mL
Phenobarbital	>59.9	µg/mL
Phenytoin (Dilantin®)	>30.0	µg/mL
Phenytoin, Free (Dilantin®, Free)	>3.0	µg/mL
Primidone	>24.9	µg/mL
Procainamide	>11.9	µg/mL
Procainamide + NAPA	>31.9	µg/mL
Prograf (Tacrolimus)	>25.0	ng/mL
Quinidine	>9.9	µg/mL
Salicylates	>39.9	mg/dL
Tacrolimus (FK506)	>25.0	ng/mL
Theophylline (<3 months)	>15.0	µg/mL
Theophylline	>25.0	µg/mL
Tobramycin, Trough	>2.0	µg/mL
Valproic Acid	>149	µg/mL
Vancomycin, Peak	>60.0	µg/mL
Vancomycin, Trough	>30.0	µg/mL

*** Indicates changes or additions from prior printing**

Critical Value Table - Hematology

	Critical Low	Critical High	Units
Hematocrit	<18.0		%
Hemoglobin	<6.1		g/dL
Platelet Count	<31	>1000	Thous/cu.mm
WBC	<1.0	>49.9	Thous/cu.mm
Neutrophils, Absolute	<0.5		Thous/cu.mm

Critical Value Table – Coagulation

	Critical Low	Critical High	Units
aPTT		>100	Seconds
Factor II	<10		%
Factor V	<10		%
Factor VII	<10		%
Factor VIII	<10		%
Factor IX	<10		%
Factor X	<10		%
Factor XI	<10		%
Factor XII	<10		%
Factor VIII & IX Inhibitor		≥0.1	BU
Fibrinogen	<50		mg/dL
Heparin Assay (unfract.) by Anti-Xa		>0.7	U/mL
LMW Heparin by Anti-Xa		>1.0	U/mL
Protime INR		>5.9	

Critical Value Table - Chemistry

	Critical Low	Critical High	Units
T.Bilirubin, (<1 month)		>18.0	mg/dL
Calcium, Serum	<6.6	>12.9	mg/dL
Calcium, Ionized	<3.3	>6.0	mg/dL
CO ₂	<11	>40	mmol/L
Glucose, Serum (<1 month)	<40	>300	mg/dL
Glucose, Serum	<50	>500	mg/dL
Glucose, CSF	<30		mg/dL
Magnesium, Serum	<1.0	>4.9	mg/dL
Phosphorus, Serum	<1.1	>9.0	mg/dL
Potassium, Serum (<1 month)	<2.8	>7.0	mmol/L
Potassium, Serum	<2.8	>6.0	mmol/L
Sodium, Serum	<121	>159	mmol/L

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