



Panic Results include test results considered life-threatening. CLIA §493.1291(g) regulation requires laboratories to "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."

Client:		Facility Code:
	,	ng) results for my patients to be called (select only one option below).
NOTE: ONL		ng <b>Option 2</b> or <b>3</b> must have their Medical Director sign the following statement.
	Option 1:	24 hours/day
	Option 2:	During normal business hours only
	Option 3:	Not at all
"I am reque: LabCheck. I accept full re	sting to be notification decline to provious sponsibility and	edical Director signature below this statement.  fied of life-threatening results by electronic means through the Critical Results reporting system of the Ascend Clinical with an after-hours phone number for the purpose of calling life-threatening results. I hold Ascend Clinical, its directors, agents and employees harmless from any and all liability resulting the care that may result from my refusal to accept called life-threatening results 24 hours per day."
NOTE: Medi	cal Director sig	n here ONLY IF you chose Option 2 or 3 above. Otherwise please sign page 2 of this form.
Medica	al Director Sign	ature:
Print N	lame:	Date:
Please list tit		s whom you designate to receive panic results, for both patients and employees, i.e., Clinical Manager, Technologist, Administrative Staff, etc., and the clinic's normal business hours.
		ignated employee below is not immediately available, results will be provided to the staff answering the bility of the staff receiving these results to notify the appropriate caregiver at your facility.
Rusiness H	ours:	Phone Number:
Dusiness II		i none number.
Panic Results so we can im	s will be called to	business hours) the on-call staff person listed below. A cell phone, pager or answering service number must be provided you about an imminently life-threatening condition. You must provide at least one type of contact phone n.
Name a	and Title:	
Cell Ph	none/Pager:	
Answe	ering Service:	

## **Employee Panic Results**

If employee panic results are to be called to a specific designee other than the ones listed above please indicate to whom employee panic results are to be called, i.e., Clinical Manager, Medical Director, Charge Nurse, etc.

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## **Panic and Absurd Values**

Below is a list of Ascend Clinical defined panic and absurd values. You may request certain Custom Panic values but those requests must be approved by your Medical Director and our Quality Assurance Department. **NOTE: Tests with absurd values (\*) will not be called but will appear on your "Patient Panic and Critical Report" in LabCheck.** 

Test	Absurd Low* ≤	Panic Low <u>&lt;</u>	Panic High <u>&gt;</u>	Absurd High* <u>&gt;</u>	Custom Panic Low <u>≤</u>	Custom Panic High ≥
Aluminum (ug/L)			60			
Calcium, Total (mg/dL)			14.1			
Calcium, Adj. Total (mg/dL)			14.1			
Carbamazepine, Total (mg/L)			20.0		Not A	vailable
Culture, Blood		Positive			Not Available	
Culture, Effluent	Positive			Not Available		
Culture, Fungal		Positive			Not Available	
Cyclosporine, as Trough (ng/mL)			600		Not A	vailable
Digoxin (ng/mL)			2.6			
Glucose (mg/dL)	19*	39	601	1001*		
Hemoglobin (g/dL)	2.9*	6.0		20.0*		
Lithium (mEq/L)			2.0		Not A	vailable
Phenobarbital (mg/L)			60.0		Not A	vailable
Phenytoin (Dilantin), Free (mg/L)			3.1		Not A	vailable
Phenytoin (Dilantin), Total (ug/mL)			20.1			
Phosphorus (mg/dL)		0.9				
Platelet Count (K/uL)		20	1000			
Potassium (mEq/L)	1.4*	2.4	7.1	8.6*		
Potassium, Post (mEq/L)	1.4*	2.4	5.5	8.6*		
PT INR			7.00			
Sirolimus (Rapamycin) (ug/L)		2.9			Not A	vailable
Sodium (mEq/L)	79*	119	161	181*		
Tacrolimus (FK506) (ng/mL)		2.9			Not A	vailable
Theophylline (mg/L)			40.0		Not A	vailable
Valproic Acid (mg/L)			150.0		Not A	vailable
WBC (K/uL)		1.9	20.1			

**NOTE:** *Italicized tests* are reference send-out tests.

I have reviewed and agree to the Ascend Clinical defined panic values above.

I have reviewed and agree to the Ascend Clinical defined panic values with the exceptions noted above and/or additions noted below:

Additional Tests		Custom Panic Low ≤	Custom Panic High
Authorized Signature:			<del>-</del>
Print Name:	Date:		

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