

PANIC NOTIFICATION FORM

Email completed form to support@aclab.com or fax to 650.556.2240

Panic Results include test results considered life-threatening. CLIA regulations require 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.” Some states classify specific communicable disease tests as critical. While not regarded as imminently life-threatening, these tests also require notification.

Client: _____ **Facility Code:** _____

I request panic (life-threatening) results for my patients to be called (select only one option below).

NOTE: ONLY Clients choosing **Option 2 or 3** 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

Option 2 or 3 requires a Medical Director signature below this statement.

“I am requesting to be notified of life-threatening results by electronic means through the Critical Results reporting system of LabCheck. I decline to provide Ascend Clinical with an after-hours phone number for the purpose of calling life-threatening results. I accept full responsibility and hold Ascend Clinical, its directors, agents and employees harmless from any and all liability resulting from any delays in immediate care that may result from my refusal to accept called life-threatening results 24 hours per day.”

NOTE: Medical Director sign here **ONLY IF** you chose **Option 2 or 3** above. Otherwise please sign page 2 of this form.

Medical Director Signature: _____

Print Name: _____ **Date:** _____

Normal Business Hours

Please list titles of employees whom you designate to receive panic results, for both patients and employees, i.e., Clinical Manager, Charge Nurse, Patient Care Technologist, Administrative Staff, etc., and the clinic's normal business hours.

ATTENTION: When the designated employee below is not immediately available, results will be provided to the staff answering the phone. It will be the responsibility of the staff receiving these results to notify the appropriate caregiver at your facility.

Designated Employee _____ **Title** _____

Designated Employee _____ **Title** _____

Business Hours: _____ **Phone #:** _____

After Hours (outside normal business hours)

Patient Panic Results will be called to the on-call staff person listed below. A cell phone, pager or answering service number must be provided so we can immediately alert you about an imminently life-threatening condition. You must provide at least one type of contact phone number to complete this form.

Name and Title: _____

Cell Phone/Pager: _____

Answering Service: _____

Employee Panic Results

Employee panic results will only be called to a Facility Administrator, Clinical Manager or Medical Director.

Client: _____ Facility Code: _____

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. Some states classify specific communicable disease tests as critical. While not regarded as imminently life-threatening, these tests also require notification.

Test	Absurd Low* ≤	Panic Low ≤	Panic High ≥	Absurd High* ≥	Custom Panic Low ≤	Custom Panic High ≥
Aluminum (ug/L)			60			
Calcium, Total (mg/dL)	4.0*		14.1	18.0*		
Calcium, Adj. Total (mg/dL)	4.0*		14.1	18.0*		
Carbamazepine, Total (mg/L)			20.0		Not Available	
Culture, Blood		Positive			Not Available	
Culture, Effluent		Positive			Not Available	
Culture, Fungal		Positive			Not Available	
Cyclosporine, as Trough (ng/mL)			600.0		Not Available	
Digoxin (ng/mL)			2.6			
Glucose (mg/dL)		39	601			
Hemoglobin (g/dL)	2.9*	6.0		20.0*		
Lithium (mEq/L)			2.0		Not Available	
Phenobarbital (mg/L)			60.0		Not Available	
Phenytoin (Dilantin, Free (mg/L)			3.1		Not Available	
Phenytoin (Dilantin), Total (ug/mL)	2.4*		20.1			
Phosphorus (mg/dL)		0.9		25.0*		
Platelet Count (K/uL)		20	1000			
Potassium (mEq/L)	1.4*	2.4	7.1	10.1*		
Potassium, Post (mEq/L)	1.4*	2.4	5.5	10.1*		
PT INR			7.00			
Sodium (mEq/L)	79*	119	161	181*		
Theophylline (mg/L)			40.0		Not Available	
Valproic Acid (mg/L)			150.0		Not Available	
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: _____

Title: _____

Print Name: _____

Date: _____

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