

PANIC NOTIFICATION FORM

Review and complete each section. Email completed form to support@aclab.com or fax to 650.556.2240

Facility Name:	Facility Code:	Facility Phone:			
Days of Operation:	Secondary Days o	f Operation:			
Business Hours:					
Panic results include test results considered life-thralert the individual or entity requesting the test and when any test result indicates an imminently life-the disease tests as critical. While not regarded as imm	, if applicable, the indireatening condition." S	vidual responsible for using the test results Some states classify specific communicable			
Patient panic results will be called to the facility pho available, results will be provided to the staff answe these results to notify the appropriate caregiver at y reported to a Facility Administrator, Clinical Manage	ering the phone. It will your facility. Employee	be the responsibility of the staff receiving e panic results will only be called and			
NOTIFICATION PREFERENCE – Select	Option 1 or 2				
Option 1: BUSINESS HOURS ONLY					
I decline to provide Ascend Clinical with an after- results. I request the facility be notified of life-thre reporting system of LabCheck. I accept full respo employees harmless from any and all liability res refusal to accept called life-threatening results 24	eatening results by ele ensibility and hold Asco ulting from any delays	ctronic means through the Panic Results and Clinical, its directors, agents and			
Option 2: 24 HOURS/DAY					
I request panic (life-threatening) results for my particle phone number and reported to a nurse. After bus and number listed below. This information is requ	siness hours, panic res				
After Hours Contact Name/Title:					
Cell Phone/Pager/Answering Service:					
ACKNOWLEDGEMENT – Select Option	1 or 2				
Option 1: Reviewed and agree to the Ascend 0	Clinical defined panic	values on page 2.			
Option 2: Reviewed and agree to the Ascend 0	Clinical defined panic	values, with the exceptions noted on page 2.			
Medical Director Signature:					
Medical Director Printed Name:		Date:			



Facility Name:	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. Tests with absurd values (*) will not be called but will appear on your "Panics/Criticals/Amended Report" in LabCheck. Some states classify specific communicable disease tests as critical. While not regarded as imminently life-threatening, these tests also require notification.

To request custom low or high panic values, enter in the Requested columns below.

Test	Panic Low <u><</u>	Panic High <u>></u>	Requested Panic Low <	Requested Panic High >	Absurd Low* <u><</u>	Absurd High* <u>></u>
Aluminum (ug/L)		60				
Calcium, Total (mg/dL)		14.1			4.0*	18.0*
Calcium, Adj. Total (mg/dL)		14.1			4.0*	18.0*
Digoxin (ng/mL)		2.6				
Glucose (mg/dL)	39	601				
Hemoglobin (g/dL)	6.0				2.9*	20.0*
INR		7.00				
Phenytoin, Total (ug/mL)		20.1			1.9*	
Phosphorus (mg/dL)	0.9					25.0*
Platelet Count (K/uL)	20	1000				
Potassium (mEq/L)	2.4	7.1			1.4*	10.1*
Potassium, Post (mEq/L)	2.4	5.5			1.4*	10.1*
Sodium (mEq/L)	119	161			79*	181*
WBC (K/uL)	1.9	20.1				
Culture, Blood	Positive					
Culture, Effluent	Positive					
Culture, Fungal	Positive					
Antiglomerular Basement Membrane (AI)		1.0				
Calcium, Ionized (mg/dL)	3.2	7.0				
Carbamazepine, Total (mg/L)		20.0				
Cyclosporine, Trough (mcg/L)		600.0				
Lithium (mmol/L)		2.0				
Phenobarbital (mg/L)		60.0				
Phenytoin, Free (mg/L)		3.1				
Theophylline (mg/L)		40.0				
Valproic Acid (mg/L)		150.0				

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

To request additional tests not listed above, enter tests and values below.

Additional Tests	Panic Low <u>≤</u>	Panic High <u>></u>

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