

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 of Operation: _____

Business Hours: _____ Business Hours: _____

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.

Patient panic results will be called to the facility phone number and reported to a nurse. If a nurse 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. Employee panic results will only be called and reported to a Facility Administrator, Clinical Manager or Medical Director.

NOTIFICATION PREFERENCE – Select Option 1 or 2

Option 1: 24 HOURS/DAY

I request panic (life-threatening) results for my patients to be called. Patient panic results will be called to the facility phone number and reported to a nurse. After business hours, panic results will be called to the on-call staff person and number listed below. This information is required for Option 1.

It is the ongoing responsibility of the provider to supply Ascend with accurate and up-to-date contact information for persons who are authorized to receive results.

After Hours Contact Name/Title: _____

Cell Phone/Pager/Answering Service: _____

Option 2: BUSINESS HOURS ONLY

I decline to provide Ascend with an after-hours phone number for the purpose of calling life-threatening results. I request the facility be notified of life-threatening results by electronic means through the Panic Results reporting system of LabCheck. I accept full responsibility and hold Ascend, 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.

ACKNOWLEDGEMENT – Select Option 1 or 2

Option 1: Reviewed and agree to the Ascend defined panic values on page 2.

Option 2: Reviewed and agree to the Ascend 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 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	Panic High	Requested Panic Low <	Requested Panic High >	Absurd Low*	Absurd High*
Aluminum, Plasma (µg/L)		≥60				
Calcium, Total (mg/dL)		>14.0			≤4.0*	≥18.0*
Digoxin (ng/mL)		>2.5				
Fibrinogen (mg/dL)	<50					
Glucose (mg/dL)	<40	≥500				
Hemoglobin (g/dL)	≤6.0				<3.0*	≥20.0*
International Normalized Ratio (INR)		≥7.00				
Phenytoin, Total (µg/mL)		>20.0				
Phosphorus (mg/dL)	<1.0					≥25.0*
Platelet Count (K/µL)	≤20	≥1000				
Potassium (mEq/L)	<2.5	≥7.0			<1.5*	
Potassium, Post (mEq/L)	<2.5	≥5.5			<1.5*	
Sodium (mEq/L)	<120	>160			<80*	>180*
White Blood Cell Count (K/µL)	<2.0	>20.0				
Troponin I, High Sensitivity (ng/L)	Positive >Cutoff Value					
Culture, Blood	Positive					
Culture, Effluent	Positive					
Culture, Fungal (Effluent only)	Positive					
<i>Antiglomerular Basement Membrane (AI)</i>		≥1.0				
<i>Calcium, Ionized (mg/dL)</i>	≤3.2	>6.9				
<i>Carbamazepine, Total (mg/L)</i>		≥20.0				
<i>Cyclosporine, Trough (mcg/L)</i>		≥600				
<i>Gentamicin, Peak (mg/L)</i>		>12				
<i>Gentamicin, Trough (mg/L)</i>		>2				
<i>Lithium (mmol/L)</i>		≥1.5				
<i>Phenobarbital (mg/L)</i>		≥60.0				
<i>Phenytoin, Free (mg/L)</i>		>3.0				
<i>Theophylline (mg/L) <6 mos.</i>		>10.0				
<i>Theophylline (mg/L) ≥6 mos.</i>		>20.0				
<i>Valproic Acid (mg/L)</i>		≥150.0				

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

Facility Name: _____

Facility Code: _____

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

Additional Tests	Requested Panic Low <	Requested Panic High >

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