**SARATOGA HOSPITAL**
**DEPARTMENT OF LABORATORY MEDICINE**

# LABORATORY SERVICE DIRECTORY
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## LABORATORY SERVICE DIRECTORY
## USE OF THE DIRECTORY

The purpose of this directory is to provide information on the diagnostic services offered by the Saratoga Hospital Laboratory and its satellite facilities. The information presented is intended to serve as a resource for test selection, requisition and specimen requirements. The optimal use of our diagnostic resources is best achieved through the use of this manual and direct communication with our professional staff.

The **"Scope of Service"** section describes the services which are provided by each laboratory department, including hours of operation.

The **"Client Services"** section provides information on the support services, billing information and laboratory reports.

The **"Specimen Collection and Transport"** section provides basic instructions for collecting specimens.

A **Specimen Reference Guide** is available at the hospital website at the address below. It provides general instructions about requisitions, specimen types, containers, equipment and techniques for specimen collection.

A **List of Laboratory Tests** is also available at the hospital website at the address below. It provides searchable table of all tests arranged in alphabetical order according to their most common name. In addition, some tests are also listed by their most commonly known synonyms. Test order name, lab department, collection container, storage for transport, CPT, test methodology and other information are provided

The **Service Directory**, **Specimen Reference Guide** and **List of Laboratory Tests** are updated on a periodic basis.

Contact the laboratory for assistance with the medical indication and appropriate selection of laboratory tests.

## DEPARTMENT OF ANATOMIC AND CLINICAL PATHOLOGY

| LABORATORY/SERVICE | PHONE NUMBER | NAME |
|---|---|---|
| **Administration** | | |
| Laboratory Medical Director<br>Saratoga Hospital Laboratory | 518-583-8442 (cell) | Janne Rand, M.D. (Medical Director) |
| Assistant Laboratory Medical Director<br>Saratoga Hospital Laboratory | 518-886-5910 (cell) | Katherine Pinheiro, M. D. Transfusion Medicine |
| Laboratory Medical Director<br>Wilton Medical Arts | 518-587-1141 | Stephen Verdini, D.O. |
| Pathologist(s) | 518-583-8442 or 583-8445 | Kelly-Ann Kim, M.D.<br>Janne Rand, M.D.<br>Katherine Pinheiro, M.D.<br>Olga Voronel, M.D. |
| Laboratory Administration, Director | 518-583-8443 | Richard Vandell, Administrative Director<br>Laboratory Services |
| Clinical Pathology Services | 518-583-8755 | Ryan Guernsey, Operation Manager, Clinical Laboratory |

| | | |
|---|---|---|
| Laboratory Manager-Off Site Laboratories | 518-886-5433 | Karin Loffredo, Manager Off-site Laboratories |
| Anatomic Pathology Services/Office of Decedent Affairs | 518-583-8752<br><br>518-583-8667 | Jennifer Kish, Clinical Director, Anatomical Pathology and Decedent Affairs,<br>Danielle Jourdan, Coordinator Office of Decedent Affairs |
| Laboratory Support Management | 518-886-5545 | Avis Clarke, Laboratory Support Manager |
| Business Management | 518-583-8743 | Shayna Blanchette, Associate Director Laboratory Administration |
| Quality Assurance/Compliance | 518-580-2594<br>518-583-5954 | Darcy Leanza, Quality/Compliance Coordinator<br>Haley Mayer, Quality/Compliance Coordinator |
| Evening/Night | 518-583-8750 | Erin O'Leary, Supervisor |
| Laboratory Administrative Support | 518-583-8445 | Julie Joly, Administrative Coordinator of Pathology |
| **Pathology (Histology/Cytology)** | | |
| Pathology | 518-583-8442 or 583-8445<br>518-580-2661 (fax)<br>518-580-2581<br>518-583-8752<br><br>518-580-2581<br>518-580-2594 | Pathology Office<br><br>Histology Laboratory<br>Jennifer Kish, Clinical Director, Anatomic Pathology<br>Brian Girard, Histology Supervisor<br>Darcy Leanza, Lead Cytotechnologist |
| **Clinical Laboratory** | | |
| Blood Gas | 518-580-2554 | Ashlee Estabrook, Administrative Director |
| Blood Bank | 518-583-8458<br>518-886-5945 | Blood Bank Laboratory<br>Julie Whaley, Supervisor, Blood Bank |
| Chemistry | 518-583-8747<br>518-583-8755 | <br>Katie VanAlstine, Supervisor, Dayshift |
| Hematology | 518-583-8750<br>518-583-8755 | Ryan Guernsey, Operation Manager, Clinical Laboratory |
| Microbiology/Virology | 518-583-8751<br>518-583-8755 | Ryan Guernsey, Operation Manager, Clinical Laboratory |
| Phlebotomy | 518-886-5545<br>518-580-2419<br><br>518-583-8748<br>518-580-2497 (Fax) | Avis Clarke, Lab Support Manager<br>Trinity Jacobie, Lab Support Supervisor, Hospital and Outreach<br>Central Receiving/Processing<br>Central Receiving/Processing |
| Point-of-Care Testing, Specimen Processing, Reference Lab Services, Emergency Services | 518-583-8743 | Shayna Blanchette, Associate Director Laboratory Administration |
| **Client Response** | | |
| Client Support Services | 518-583-8440 & 583-8741<br>518-886-5919<br>518-580-2615<br>518-580-2542<br>518-580-2806 (fax) | General Information<br>Lab Support Coordinator<br>Laboratory Registration<br>Laboratory Scheduling<br>Client Support Services |

| | | |
|---|---|---|
| ***Satellite Facilities*** | | |
| Wilton Medical Arts (WMA) | 518-886-5545<br>518-580-2247<br>518-580-2108 (fax) | Avis Clarke, Lab Support Manager<br>Amanda King, Lab Support Supervisor, Off Sites |
| ***Patient Service Centers*** | | |
| SHMG Schuylerville Primary Care<br>SHMG Milton Primary Care | 518-695-3668<br>518-289-2725 | Avis Clarke, Laboratory Support Services Manager<br>Amanda King, Lab Support Supervisor, Off Sites |

## DIRECTORY OF LABORATORY SERVICES:

### SCOPE OF SERVICES:

The Anatomical and Clinical Pathology Departments at Saratoga Hospital provide the highest quality of anatomical and clinical laboratory services to support and enhance the ability of the hospital and other health care providers to deliver superior care to our patients. The Hospital and Departmental Missions are the laboratory's purpose and guide. They underscore our determination to have beneficial impact on patients.

- We provide services of the highest quality through innovative ideas while constantly improving, striving for and maintaining a high degree of skill. Continuous evaluation and revision of current laboratory procedures, introduction of new procedures as they are available and adaptable to the needs of the hospital Ongoing development, implementation and evaluation of quality control methods appropriate to each department
- We seek to meet this goal in a work environment that values a sense of community among all employees, an opportunity to perform meaningful work and a sense of dignity from the contributions they all make.
- The key to achieving these goals is constant communication among well trained laboratory staff and their customers. Strong medical direction, a quality-centered management strategy and advanced technology is vital to providing quality laboratory services.
- Services are provided according to hospital and departmental policy and procedure and are in compliance with current established techniques. All services meet the regulatory requirements of the New York State Department of Health (NYSDOH), The Centers for Medicare & Medicaid Services (CMS), Clinical Laboratory Improvement Amendments (CLIA), the Association for the Advancement of Blood and Biotherapies (AABB), and the (DNV).
- Services are provided in compliance with HIPAA regulations regarding the confidentiality of patient testing, reporting of results and the patient's medical record
- The Laboratory's quality system is organized to monitor processes and operations for all laboratory sites through the performance of self-assessment audits, error management, and customer feedback. Participates in the hospital's performance improvement program.
- The Saratoga Hospital owns and operates a satellite laboratory at Wilton Medical Arts (WMA). In addition to providing point of care laboratory testing for the WMA facility's Urgent Care Center, the WMA limited service laboratory provides specimen collection for the outpatient community. Saratoga Hospital in collaboration with Albany Medical System partners, also operates laboratory at Malta Medical Emergent Care and provides staffing at Glens Falls Hospital Oncology, Care Lane.

- The laboratory monitors and supervises all waived, moderately-complex and provider performed microscopy point-of-care testing. All laboratory tests performed within the hospital and its satellite laboratory for which a result is generated and which is used for the treatment of a patient comes under the laboratory DOH licenses and is controlled by the laboratory. All testing performed at satellite clinics, outside the hospital's main campus, is performed under each clinic's CLIA license.
- If for any reason laboratory service ceases operations records will be transferred to the Albany Medical Health System.

The Scope of Services shall be reviewed annually and updated when there is a change in scope.

## PATIENT POPULATION:

The patient population served by the Laboratory Department shall include infant through geriatrics. Laboratory services shall be available to patients of all ages, sex, race regardless of financial class, having need for the same.

## COMPLEXITY of CARE:

The Laboratory shall provide the following services to the patient population served:

- Bacteriology
- Blood pH and Gases
- Blood Services – Transfusion Service
- Clinical Chemistry
- Cytology
- Diagnostic Immunology – Diagnostic Services Serology
- Endocrinology
- Hematology
- Immunohematology
- Parasitology
- Surgical Pathology
- Toxicology – Clinical Toxicology-Qualitative Testing Only
- Therapeutic Substance Monitoring/Quantitative Toxicology
- Urinalysis
- Virology
- Specimen procurement
- Collection and reporting of data
- Quality control in all areas

The performance of Laboratory services shall require a provider order. Specimens shall be accepted for testing via written or electronic orders from licensed physicians or other person authorized by law to use the findings of laboratory examinations in their practice or the performance of their official duties.

- All test results/slides shall be available in a timely manner for any patient/physician needing same for referral or treatment at outside facilities.
- All tissues shall be examined per policy and procedure and special studies as deemed necessary and appropriate by the Laboratory Medical Director, staff pathologist and/or attending physician.

- Reference laboratories shall be used for the completion of any special testing requirements not performed at this laboratory. Criteria based on quality and responsiveness to our customers' needs are used in the selection of all reference laboratories. Selection of reference laboratories is the responsibility of the Laboratory Medical Director and requires the approval of the Medical Executive Committee. Reference laboratories contracted by the hospital shall be in compliance with CLIA regulations and hold a New York State Permit for the category being tested.
- A List of Laboratory Tests is available at the hospital website. It provides a searchable table of all tests arranged in alphabetical order according to their most common name. In addition, some tests are also listed by their most commonly known synonyms. Test order name, lab department, collection container, storage for transport, CPT, test methodology and other information are provided.

**Laboratory Specialties:**

The Clinical Laboratory Department of Saratoga Hospital provides testing in the following areas.

- Blood Bank services including immunological testing, transfusion of blood components and disbursement of RhIG products (not to include albumin or other coagulation factors).

  Products:

  - All blood products are obtained from blood centers that are AABB accredited, FDA Registered, FDA Licensed and CLIA Certified. Most products come from the American Red Cross.
  - Tissue products are ordered exclusively by Surgical Central Supply. Tissue is stored in the Blood Bank and issued upon the request of the OR.
  - Red blood cells and plasma are the most frequently requested products and are routinely stocked in the Blood Bank.
  - Less frequently used products are ordered on an as-needed basis from the Red Cross. These products should only be ordered if there is an order to transfuse. Products that are not transfused are not returnable to the Red Cross and will be discarded.
  - Autologous and Directed donations: Since the transfusion service is not a blood collection center, we refer all requests for autologous and directed donations to the American Red Cross. Autologous blood donations for surgical patients are scheduled by the physician directly with the Red Cross.

| PRODUCT | AVAILABILITY | VOLUME | STORAGE | SHELF LIFE |
|---|---|---|---|---|
| Packed RBC, Leuko-reduced | Stock | 300 ml | 1-6° C | 42 days |
| Packed RBC, Leuko-reduced, Irradiated | Stock | 300 ml | 1-6° C | 28 days |
| Thawed plasma (FP5) | Stock | 170-300 mL | -18° - -65 °C; Thaw in 37° C water bath then store at 1-6° C | Frozen – 1 year, Thawed - 5 days |
| HLA plateletpheresis | Special order | 100-500 ml | 20-24° C | 5 days |
| Plateletpheresis, Pathogen Reduced (Psoralen treated) | Special order | 100-500 ml | 20-24° C | 5 days |
| Cryoprecipitate, pooled | Stock | 15 ml | -18° - -65 °C; thaw in 37° C water bath then store at 20-24° C | Frozen - 1 year, Thawed – 6 hours |

| | | | | |
|---|---|---|---|---|
| Rh(D) immune globulin | Stock | Syringe | 2-8° C | Listed on manufacturer package |

- Chemistry department conducts routine Clinical Chemistry, Therapeutic drugs, Endocrinology and Toxicology.

- Hematology laboratory performs blood counts, body fluid cell counts, coagulation studies, differentials, and urinalysis testing. Technologists assist physicians in the collection and preparation of bone marrow aspirates performed on site.

- The Microbiology Department performs bacterial Cultures 7 days/week, 7am - 3pm.
  Organism identification and antimicrobial susceptibilities are performed when appropriate.
  Rapid antigen testing for group A Streptococcus, and Trichomonas are performed 7 days/week, 24 hours/day. Molecular diagnostic testing for Clostridium difficile, Influenza, RSV, MRSA, and COVID-19.
  Acid Fast smears and cultures for Mycobacteria are performed by a reference lab.
  Fungal Cultures are performed by a reference lab.

The Pathology Department of Saratoga Hospital provides diagnostic surgical pathology, frozen sections, cytopathology and autopsy services.

- Histology Department- prepares and processes tissue specimens for microscopic diagnoses. Provides intraoperative frozen section consultation.
- Cytology Department- processes body fluids, fine needle aspirations, brushings and ThinPrep pap smears for cytological diagnoses. Provides rapid on site evaluation upon request.
- Autopsy Services: Medical staff of Saratoga Hospital may request an autopsy on deceased inpatients, in consultation with the pathologist. For additional instructions or information call the coordinator of the Office of Decedent Affairs at 518-583-8752.

The Point-of-Care Testing (POCT) program monitors and supervises all laboratory testing performed outside the physical facilities of the clinical laboratory. This includes testing done by hospital employees and medical staff. The program provides guidelines to ensure consistent, accurate and reliable laboratory testing at the patient's immediate location. The clinical laboratory in conjunction with departments that perform Point-of-Care Testing coordinates all activities associated with the program:

- Review and approval of testing procedures and equipment,
- Monitoring Quality Control,
- Proficiency Testing,
- Training of individuals who performed testing.

Requests to add a test to the program must be submitted to the Associate Director, Laboratory Administration and must be approved by the site Laboratory Medical Director. Moderately Complex Point-of-Care Testing at Saratoga Hospital is licensed by the New York State and must meet all CLIA, and DNV guidelines for laboratory testing.

## LABORATORY HOURS of OPERATION:

## Main Campus: Saratoga Hospital

Clinical Laboratory: provides services *seven (7) days a week, 24 hours a day*; limited test menu on the night shift. Routine results for testing performed in house are available within 24 hours of specimen receipt. Exceptions are noted in the service directory.

Pathology and Cytology Departments: *7:00 AM - 4:00 PM, Monday- Friday*; closed weekends and holidays.

*The Anatomic Pathology and Clinical Pathology Departments at Saratoga Hospital must be covered 24 hours a day and 7 days a week. Night coverage begins at 5:00 p.m. on weekdays. The pathologist on night, weekend and holiday call will be responsible for clinical and surgical consultations, frozen section interpretation, transfusion reaction investigations, critical blood smear findings, and autopsies. Pathologist On-Call Schedule is available for Anatomic Pathology and Clinical Pathology Services after normal working hours. The pathologist on-call schedule is loaded in QGenda.*

## Phlebotomy Services:

Trained phlebotomists provide 24 hour coverage to inpatient areas of the hospital. Saratoga Hospital also operates several patient service centers for the convenience of our outpatient population:

| | | |
|---|---|---|
| **Saratoga Hospital Laboratory** 211 Church St.<br>Saratoga Springs, NY 12866<br><br>Phone: (518) 583-8440<br><br>Hours:<br>Mon - Fri : 7 am to 8 pm<br>Sat: 7 am to 1 pm<br>Sun: CLOSED | **Wilton Medical Arts Limited Service Laboratory**<br>3040 Route 50N<br>Saratoga Springs, NY 12866<br><br>Phone: (518) 580-2273 or 580-CARE<br><br>Hours:<br>Mon-Fri: 7 am to 9 pm<br>Sat: 9 am to 9 pm<br>Sun 9 am to 5 pm | **SHMG Milton Primary Care**<br>510 Geyser Road<br>Ballston Spa, NY 12020<br><br>Phone: (518) 298-2725<br><br>Hours:<br>Mon-Fri. 7 am to 3:00 pm<br>Closed daily from 12:30-1:00 for lunch |
| **SHMG Schuylerville Primary Care**<br>200 Broad Street<br>Schuylerville, NY 12871<br><br>Phone: (518) 695-3668<br><br>Hours:<br>Tues & Thurs; 8:00 am to 12.00 pm | | |

Home draw service is available for patients who qualify. Accepted reasons for home draws are:

- A patient is considered homebound if he/she is not physically able to travel

the distance with assistance from the parking lot to the collection station.

- Post-surgical patients with restricted or limited activities.

Please call 518-580-2542 for additional information. A Home draw Request Form AND the test requisition is required. **The home draw will not be scheduled without the required written documentation.**

The program operates within a twelve mile radius of the Saratoga Hospital from Monday – Friday. Appointments are scheduled according to our pre-determined routes.

**Saratoga Hospital Satellite Laboratory:**

| **Wilton Medical Arts Limited Service Laboratory (WMA)** | | | |
|---|---|---|---|
| Monday-Friday: | 7 am to 9 pm | | |
| Saturday: | 9 am to 9 pm | Sunday: | 9 am to 5 pm |

**Waived tests performed at the WMA Limited Service Laboratory:**

| |
|---|
| CBC, CBC w/automated diff |
| Comprehensive Metabolic Panel |
| Fecal Occult Blood |
| MonoSpot |
| POC Creatinine |
| POC Glucose |
| POC INR |
| Rapid Influenza Antigen A & B |
| Rapid Strep A Antigen (throat) |
| Rapid SARS-CoV-2 Antigen |
| Urinalysis without microscopic |
| Urine Pregnancy Test, Qualitative |
| Urine Drug Screen, Qualitative |

All other laboratory tests are transported to the Main Laboratory or the appropriate reference laboratory

**STAFFING:**

The Clinical and pathology laboratory departments shall be directed by a Pathologist who is Board Certified in Anatomic and Clinical Pathology.

All departmental services are provided under the administrative and clinical direction of the Administrative Director and/or Laboratory Medical Director. The Administrative Director manages and directs the daily

Saratoga Hospital Laboratory departmental operation in conjunction with the Managers and Supervisors to provide administrative coverage during off hours.
The Laboratory shall maintain a fixed amount of full and part time staff to provide for patient care. The Laboratory Administrative Director or designee, as designated in the *Laboratory Medical Director Delegation of Responsibility Policy*, shall maintain ultimate responsibility for providing adequate staffing. Qualified leadership shall perform laboratory tests in the event that a qualified staff member is unavailable.

Staffing at Saratoga Hospital Main Lab:

Clinical Lab- All shifts require a Supervisor Qualified Technologist on site

| **Clinical Laboratory Technical Staffing** | | | |
|---|---|---|---|
| Shift(Department) | Min | Full | Weekend/Holiday (min/full) |
| Days (Chemistry, Hematology, Microbiology) | 7 | 8 | 5/6 |
| Days ( Blood Bank) | 2 | 2 | 1 |
| Eve (Chemistry/Hematology/Microbiology/Blood Bank) | 4 | 5 | 3 |
| Nights (all departments) | 2 | 3 | 3 |

| **Lab Technical Associate Staffing** | | | |
|---|---|---|---|
| Shift | Min | Full | Weekend/Holiday (min/full) |
| Days | 3 | 3 | 1 |
| Eve | 1 | 2 | 0 |
| Nights | 0 | 0 | 0 |

| **Lab Support Services Staffing** | | | |
|---|---|---|---|
| Shift | Min | Full | Weekend/Holiday (min/full) |
| Days | 8 | 14 | 6 |
| Eve | 4 | 7 | 4 |
| Nights | 2 | 2 | 2 |

| **Pathology Department Staffing** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Histotechnician | | Cytotechnologist | | Pathologist | | Pathologist Assistant | | Pathology Support Specialist | |
| | Min | Full | Min | Full | Min | Full | Min | Full | Min | Full |
| Monday through Friday | 4.5 | 6.5 | 1 | 1.5 | 1 | 4 | 1 | 1 | 1 | 2 |
| Weekend/Nights& Holiday Call | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |

The Laboratory may change staffing patterns to facilitate the delivery of services as needed.
A pathologist is available 24 hours and 7 days a week to provide consultation to the Anatomic Pathology and Clinical Pathology Departments.

## QUALIFICATIONS:

The performance of the procedures involves highly skilled Board Certified Pathologists, New York State licensed Clinical Laboratory Technologists, Clinical Laboratory Technicians, Pathologists' Assistants, Histotechnicians, and Cytotechnologists. Support staff includes Laboratory Support Specialists, Phlebotomists, Laboratory Technical Associates, and Pathology Support Specialists.

- Personnel must be deemed proficient in all tasks which they are responsible for. Competency for technical staff must be assessed initially, semiannually and annually at initial hire and when new methods are introduced, and annually thereafter. Laboratory support staff shall be assessed initially upon hire and annually thereafter. All employees must complete mandatory in service including safety education, training, and infection prevention and control.
- Staff participate in the laboratories continuing education program as defined by procedure to update their knowledge of laboratory theory and practice and maintain licensure.
- Staff must pass proficiency testing following laboratory policy and procedure.
- All staff have evidence of proficiency with the Laboratory Computer System and laboratory equipment.

## STANDARDS OF PRACTICE:

The Clinical Laboratory is accredited by the State American Association of Blood Banks and is registered under the Department of Health Services for CLIA. The Laboratory participates in proficiency testing through the College of American Pathologists (CAP) and the American Proficiency Institute (API).

# CLIENT SERVICES

## RESOLVING CUSTOMER COMPLAINTS

The staff at Saratoga Hospital is committed to resolving issues to the satisfaction of our customers. It is important to us that you let us know when we have failed to meet your expectations. Issues can be referred to the Administrative Laboratory Director (518-583-8443), or a Quality/Compliance Coordinator (518-580-2594/518-583-5954) or the appropriate Manager. (see Clinical Laboratory Telephone Directory).

## REQUEST FOR SUPPLIES

Outreach Clients: In accordance with New York State law on Laboratory Business Practices (Subpart 34-2 of 10 NYCRR), the laboratory will provide supplies to collect, process and transport specimens sent to our laboratory for testing. To obtain supplies, please complete an "*Outpatient Clinical Laboratory Supply Request"* or the "*Pathology Laboratory Supply Request*" form. Allow three business days for routine deliveries.

Inpatient: Supplies for routine blood collection and urine tubes are available from the laboratory. Specimen collection cups are available from General Stores.

## TEST ORDERS/REQUISITIONS

The laboratory will examine specimens only at the request of licensed physicians or other person authorized by law to use the findings of laboratory examinations in their practice or the performance of their official duties. Authorized persons include:

- Physicians
- Dentists and podiatrists
- Chiropractors
- Physician Assistants and Certified Nurse-Midwives provided the supervising physician authorizes such examination.
- Nurse Practitioners
- Police officers provided such examination is incidental to arrest charges for alcohol or drug impairment.
- Judges ordering paternity tests under the Family Court Act.

Orders must be placed within the Electronic Medical Record (EMR) for providers using the Albany Medical Health System (AMHS) EMR. For external providers, a valid requisition or physician script must be provided. The laboratory provides pre-printed requisitions for outpatient test requests for external providers.

**Standing orders:**

Standing orders are used when the patient is required to have lab tests at defined intervals over a period not to exceed 180 days (six months).The clinical parameters for which standing orders are permitted are:

- cancer treatment recipients needing a CBC and platelet count test;
- diabetic recipients needing blood glucose level and glycohemoglobin tests (including hemoglobin A1c);
- cardiac recipients needing prothrombin time and digoxin level tests; and
- recipients needing monitoring of therapeutic levels of prescribed drugs. The ordering practitioner must document in the patient's clinical record the medical need for the standing order and the results of each of the tests.

**Future orders:**

All lab orders will expire at 12 months to ensure the order meets medical necessity requirements. We will not accept orders that are over 12 months old.

Renewals of standing and future orders that have expired are the responsibility of the provider and the patient.

**Authorization:** The following information is required prior to the testing of any specimen:

- Name, address and phone number of .provider.
- Signature of provider (Stamps are not acceptable. Electronic signatures are acceptable but must be approved by the HIS director.)
- Date of order –Future orders are valid for one year from the date of issue. Standing Orders are valid for 6 months.

- Patient's full name and date of birth Diagnosis for each test requested. ICD-10 code is preferred.
- Name of tests (s)/procedures. Legibly written for paper orders.
- For already collected specimens
    - collection date and time;
    - the anatomical location/specimen type for non-blood collection specimens,
    - the cold ischemic time and time placed in formalin for surgical and non-gyn specimens,
    - any pertinent clinical information to ensure accurate evaluation for pathology/cytology specimens.

*See Laboratory Specimen Reference Guide* for department specific requirements.

Insurance information:

Insurance information must be obtained for all requested laboratory services. Written documentation on the requisition is preferred for non EMR orders but not required. If insurance information is not available, the patient will be billed.

## NOTICE TO PHYSICIANS REGARDING MEDICAL NECESSITY

The Centers for Medicare and Medicaid Services (CMS) requires that we notify physicians and other providers legally authorized to order laboratory tests that Medicare will only pay for tests that meet the Medicare coverage criteria and are considered "reasonable and necessary" to treat or diagnose the patient's medical condition.

Diagnosis: Providers are required to provide a diagnosis that medically justifies each laboratory test at the time the request for testing is presented. It is critical that the information provided is consistent with the documentation in the patient's record since it may be requested as part of a post payment review.

Organ and Disease Panels: All panels (organ and disease or custom) can only be billed and paid when all components in the panel are medically necessary.

Medicare Fee Schedule: A current Medicare laboratory fee schedule with CPT codes is available upon request from the Saratoga Hospital Laboratory. The Medicaid reimbursement amount is equal to or less than the amount of Medicare reimbursement.

Clinical Consultant: Access to a clinical consultant regarding laboratory tests is available at 518-583-8442.

Material contained in this notification is current as of the date published and is subject to change without notice. The OIG believes that a provider who orders medically unnecessary tests and knowingly causes a false claim to be submitted may be subject to sanctions or remedies under criminal or administrative law.

## COVERAGE DECISIONS/ ADVANCE BENEFICIARY NOTICES (ABN)

In order to ensure that services being paid by the Medicare program are medically necessary CMS has established National Coverage Determinations (NCDs) and has required local carrier to establish Local Coverage Determinations (LCDs). Each policy lists the diagnosis for which Medicare considers a test to be medically necessary. Tests that have an NCD or LCD associated with them are highlighted on the Saratoga Hospital Laboratory requisition.

Please refer to the Center for Medicare Service (CMS) website for a complete list of coverage decisions.

Patients presenting directly to our patient service centers have their tests screened for medical necessity prior to collecting the specimen. If there is a reason to suspect that the test is not covered by Medicare, the patient is notified and asked to sign an Advanced Beneficiary Notice (ABN). This informs the patient that the test ordered by their provider does not meet Medicare's guidelines and will not be paid by Medicare. If the patient signs the ABN, they are acknowledging that they are responsible for payment.

Medicare can deny claims based on the following:

- Medicare does not usually pay for this service for the diagnosis provided (See appropriate NCD or LCD).
- Medicare does not pay for investigational or research use of tests.
- Medicare does not pay for this service based on frequency limitations. Examples of tests with frequency limitations include fecal occult blood, PSA and pap smears when ordered for screening purposes.
- Medicare does not pay for most routine screening tests.
- Medicare does not pay for tests ordered as part of an annual physical exam.

Once signed, the patient is given a copy of the ABN.

## TRANSPORT AND COURIER SERVICES

Saratoga Hospital provides courier service for pickup of laboratory specimens, and delivery of supplies and reports (phone 518-580-2516). Our courier staff is trained to ensure prompt and reliable service to our clients. Courier service is available Monday-Friday on a regular schedule. Limited STAT pickup of specimens is available on request.

## TURN AROUND TIME FOR LABORATORY TESTS

Cytology ThinPrep Pap Smear: Results are available within 7 days for normal specimens. Abnormal specimens may require 10 days.

Pathology and Non-Gyn Cytology: Results are usually available 5 days after specimen receipt.

Clinical Laboratory- With the exception of tests sent to reference laboratories, most laboratory results are available on the same day. Exceptions are noted in the service directory of tests.

## PROCESSING REQUESTS FOR STAT TESTING

STAT testing represents a critical clinical need for timely results. The goal for all STAT testing is that results will be available as fast as possible and, at most, within one hour of receipt of the specimen in the clinical laboratory. Requests for stat testing should be authorized by the provider. For inpatient requests, the test must be ordered as priority "STAT" in the order entry computer system. Paper requisitions must be clearly marked as STAT.

After completion of testing, the outpatient results will be faxed or called to the appropriate location. If results are to be called or faxed, please be sure to include a phone or fax number on the requisition.

## STAT PROCEDURE LIST

This list is not intended to be an exclusive list of STAT tests. Other tests on the laboratory's menu may be run on a STAT basis but may require a turnaround time (TAT) longer than one hour. STAT availability for satellite laboratories is limited to tests performed at those sites.

* Includes tests performed by satellite laboratories.

| BACTERIOLOGY | BLOOD BANK |
|---|---|
| Collection of blood for culture | Compatibility testing |
| Gram Stain (CSF, Positive Blood Sterile Body Fluid Cultures) | Direct Coombs (Direct Antiglobulin Test) |
| Rapid Strep A* (Antigen) | Distribution of blood products |
| Rapid Trichomonas* (Antigen). | Type (ABO and Rh) |
| | Type and Antibody Screen |
| | Work-up of Transfusion Reaction |
| **CHEMISTRY** | |
| Acetaminophen | Gentamicin |
| Acetone | Glucose* |
| Basic Metabolic Profile (Glu, BUN, Creat, Electrolytes)* | Pregnancy HCG – qualitative (urine or serum) |
| Bilirubin* | Pregnancy HCG – quantitative (serum)* |
| BUN* | Lactic Acid |
| B-NP | Lithium |
| Calcium* | Magnesium* |
| Carbamazepine | Infectious Mono* |
| CK* | Osmolality |
| Comprehensive Metabolic Profile* | pH (Urine, Fluids, etc.) |
| Creatinine* | Phosphorus |
| Digoxin | Phenobarbital |
| Dilantin | Procalcitonin |
| Drug Screen (Urine) | Protein (CSF) |
| Electrolytes* | Salicylate |
| Ethanol | Troponin * |
| **HEMATOLOGY** | |
| CBC (w/out differential)* | Prothrombin Time (Protime) |
| CSF/Fluid cell count | Partial Thromboplastin Time |
| D-Dimer | Stool for Occult Blood-ED/Urgent care only* |
| Hemoglobin and Hematocrit* | Urinalysis* |
| Platelet count* | |

# LABORATORY REFLEX TESTS

**Definitions:**

Reflex Testing: Additional laboratory testing(s) that is performed when the initial test results are positive or outside normal parameters.

Required Reflex Tests: Some laboratory tests, if positive, require additional separate follow-up testing which is implicit in the provider's order. In these cases, the initial results have limited clinical value without the additional testing.

Optional Reflex Tests: Laboratory tests where the initial positive test result may have clinical value without the additional reflex testing. The provider always has the option to order these initial tests without the reflex.

The Laboratory Medical Director and the Medical Executive Committee have approved reflex testing to ensure efficient and timely delivery of results. If the reflex test is not wanted, the provider must document on the requisition that the test is to be performed without the reflex.

## List of Reflex Tests

| **Initial Test**<br>Test performed by Saratoga Hospital and/or affiliates | **Reflex Criteria** | **Reflex Test(s)**<br>Test performed by Saratoga Hospital unless specified |
|---|---|---|
| **Blood Bank** | | |
| ABO/Rh | No Blood Bank ABO/Rh history at Saratoga Hospital | Verified (Confirmatory) ABO/Rh, second sample (transfusion candidates only) |
| Rh | Cord bloods and infants under 4 months of age,<br>Pregnancy, prenatal specimen,<br>Adults when the initial Anti-D results are inconclusive | Serologic (Weak D) Rh confirmatory testing, second methodology |

| | | |
|---|---|---|
| Antibody Screen | Positive | Antibody Identification, each panel each media<br>Antibody Identification, each selected cell<br>Direct Antiglobulin Test, Polyspecific<br>Antigen Typing, Patient<br>Antigen Typing, Unit (transfusion candidates only) |
| Type and Screen | Positive antibody screen | Two RBCs ordered (transfusion candidates only) |
| Direct Antiglobulin Test, Polyspecific | Positive | Monospecific Direct Antiglobulin Test, IgG<br>Monospecific Direct Antiglobulin Test C3b,d<br>Eluate antibody identification (if recently transfused) |
| Fetal Screen | Positive (>5 Rosettes present in 5 lower power fields) | Fetaldex (Kleihauer-Betke stain) |
| Prenatal Antibody Titration | Pregnancy, previous positive antibody history | Antibody Screen<br>Antibody Titration (Only if screen is still positive/reactive) |
| **Chemistry** | | |

| | | |
|---|---|---|
| Beta HCG (serum) | Positive qualitative HCG | Quantitative HCG |
| Rapid HIV | Positive | HIV Antibody Reflex Confirmatory Testing. |
| RPR | Positive | Treponema Pallidum Antibodies |
| TSH | Abnormal | Free T4 |
| FLU A & B, RSV, and COVID | In-house patients | Cepheid Xpert Xpress SARS-CoV-2/FLU/RSV assay-PCR |

| Hematology | | |
|---|---|---|
| CBC | WBC, Neutrophils, Platelets definitive flags and Suspect Flags (i.e. WBC 35.0 x 103 /µL | Slide Review |
| CBC | RBC, HGB, MCH, RDW, MCV Definitive flags or Suspect Flags | Slide Review |
| CBC | 1. Any Blast or Promyleocyte, 2. >3 Metamyelocytes and /or Myelocytes, 3. > 10 Bands, 4. > 10 NRBCs. | Manual Differential |
| CBC | 1. Peripheral smears with a WBC < 1.0 or > 99.9 X 103 /µL, 2. All cases of apparent leukemia, and/or abnormal cells and blasts, unless results are similar to previous specimen, 3. Basophils absolute # above 0.5 X 10 3 /µL | 1.Pathologist Review<br>2.Flow cytometry based on Pathology Review (flow cytometry performed by reference laboratory). |

| | | |
|---|---|---|
| Cell count and differential; all fluids. | Any cellular elements cannot be positively identified by the technologist including cells classified as “other”. | 1.Pathologist Review<br>2. Cytology and Flow cytometry based on Pathology Review (Flow cytometry performed by reference laboratory). |
| Body Fluids received for cell count (excluding Joint Fluids) | Abnormal findings as determined by pathologists. | Cytology |
| Urinalysis | Positive for blood, leukocyte esterase, nitrite and/or protein, or glucose. | Microscopic Exam |
| Urinalysis Reflex to Culture | WBC > 5/HPF | Urine Culture (performed by AMC or Lab Corp) |

| | | |
|---|---|---|
| Urinalysis (waived testing orderable at Wilton Medical Arts Urgent Care only)<br>Reflex to Culture | Abnormal leukocyte esterase | Urine Culture (performed by Lab Corp) |
| **Microbiology** | | |
| Aerobic Cultures<br>Respiratory Cultures<br>CSF Cultures<br>Sterile Body Fluid Cultures<br>Tissue Cultures<br><br>Blood Cultures<br>Genital Cultures | Positive findings (pathogens) when indicated by testing facility | **Confirmatory or Adjunctive Tests:**<br>Organism ID and<br>Susceptibility Etest |
| Throat Cultures and Throat Group A Strep Cultures<br>Genital Strep Cultures<br>GC Culture | Positive findings (pathogens) when indicated by testing facility | **Confirmatory or Adjunctive Tests:**<br>Organism ID |
| Anaerobic Cultures | Positive findings (pathogens) when indicated when indicated by testing facility | **Confirmatory or Adjunctive Tests:**<br>Organism ID |
| Tissue Cultures | | **Confirmatory or Adjunctive Tests:** Grind Tissue |
| Rapid Strep A Antigen | Negative result for children ≤ 18 years of age and 2 swabs received | Throat Group A Strep Culture (TSS) |
| C. difficile, PCR | Positive | C. difficile, EIA |
| MRSA Surveillance, PCR | Indeterminate | MRSA Culture |
| Chlamydia or Gonorrhea | | Chlamydia and Gonorrhea combined (performed by Glens Falls Hospital) |
| **Pathology/Cytology** | | |

| | | |
|---|---|---|
| HPV Testing-ThinPrep Pap | Positive | HPV High Risk Reflex 16/18,45 (performed by LabCorp) |
| Body Fluid Cytology | Rule out a lymphoproliferative process | Flow cytometry (performed by reference laboratory). |

| | | |
|---|---|---|
| Thyroid FNA sent with Afirma sample | Bethesda Categories III and IV (AUS/FLUS and SFN/FN) | Afirma Genomic testing (performed by Veracyte) |
| Breast Biopsy | Ductal carcinoma in situ | ER/PR, Ki-67:<br>1. ER/PR IHC testing performed and interpreted at Saratoga Hospital Laboratory.<br>2. Ki-67 IHC testing performed and interpreted at Saratoga Hospital Laboratory.. |
| Breast Biopsy | Invasive Carcinoma | ER/PR, Ki-67, HER2neu by IHC, Her2neu by FISH:<br>1. ER/PR IHC testing performed and interpreted at Saratoga Hospital Laboratory..<br>2. FISH testing and interpretation (performed by reference laboratory).<br>3. Ki-67 IHC testing performed and interpreted at Saratoga Hospital Laboratory<br>4. Her2neu by IHC testing performed and interpreted at Saratoga Hospital Laboartory. |
| **Point of Care** | | |
| Fingerstick Glucose | >600 mg/dL | Serum/Plasma Glucose |
| CBC POC | WBC, Neutrophils, Lymphocytes, Platelets, RBC, Hemoglobin, Hematocrit, MCV, definitive flags and suspect flags | CBC with Differential (performed at main lab). |

**SEND OUT TESTING**

The following is a list of reflex tests that are commonly performed by our reference laboratories. For a complete list of tests and specimen requirements, visit the LabCorp website https://www.labcorp.com/providers

| **Reflex tests performed by LabCorp** |
|---|
| 733692 9+Oxycodone+Crt-Scr |
| 733727 10+Oxycodone+Crt-Scr |
| ANA w/Reflex |
| ANA w/Reflex if Positive |
| Antinuclear Antibodies, IFA |
| Antiphospholipid Syndrome Prof |
| BKV Quant PCR |
| C difficile, Cytotoxin B |
| Celiac Disease Ab Screen w/Rfx |
| Celiac Disease Panel |
| Cryoglobulin, Ql, Serum, Rflx |
| Drug Screen 10 w/Conf,Meconium |
| Epstein-Barr DNA Quant, PCR |
| Ethanol, Urine |
| Ethyl Glucuronide, Urine |
| Fungus Culture With Stain |
| Gluten Sensitivity Screen |
| HCV RT-PCR, Quant (Graph) |
| Helper T-Lymph-CD4 |
| Hexagonal Phase Phospholipid |
| Hgb Fractionation Cascade |
| HIV Ab/p24 Ag with Reflex |
| HPV, Aptima High 16/18,45 |
| HSV 1 and 2-Spec Ab, IgG w/Rfx |
| IFE and PE, Serum |
| IgE Food Basic w/Component Rfx |
| Legionella pneumophila/Culture |
| Lupus Anticoagulant Reflex |
| Ova + Parasite Exam |
| PCB Serum w/rfx to Confirmation |
| PSA (Reflex To Free) (Serial) |
| Reference Bacterial Culture ID |

| |
|---|
| RF Antibody Titer |
| Stool Culture |
| Susceptibility, Aer + Anaerob |
| T + B-Lymphocyte Differential |
| TgAb+Thyroglobulin,IMA or RIA |
| Toxoplasma gondii Ab,IgM |
| Urine Culture, Comprehensive |
| Urine Culture, Routine |
| von Willebrand Profile |
| White Blood Cells (WBC), Stool |

| |
|---|
| |
| **Reflex Tests Performed by DRUGSCAN** |
| Utox |
| |
| **Reflex Tests Performed by AMC** |
| Anaplasma PCR or Ehrlichia PCR ordered individually (Anaplasma PCR and Ehrlichia PCR is ordered as a combined panel.) |
| Hepatitis B Core w/reflex to IGM |
| Hepatitis B surface Antigen with Confirmatory Testing |
| Hepatitis C (HCV) Antibody |
| Lyme AB IGG/IGM |

| **Reflex Tests Performed by Blood Bank Reference Laboratories (American Red Cross, New York Blood Center)** |
|---|
| AHG crossmatch |
| Antibody Identification, each panel each media |
| Antibody Identification, each selected cell |
| Antigen Typing (Non-ABO), Patients |
| Antigen Typing (Non-ABO), Units |
| Cold agglutinin screen |
| Cold agglutinin titer |

| |
|---|
| DAT, each antisera |
| Differential/Auto Adsorption, each adsorption |
| Dilution of serum, per aliquot |
| Elution, each |
| HEA Genotype panel |
| Hemolysins/auto agglutinins, each |
| Hemolysins/auto agglutinins, incubation |
| Incubation with inhibitors, per aliquot |
| Incubation, serum and drugs, each |
| Indirect titer, per antibody |
| Immediate spin crossmatch |
| Pre-Rx RBCs with chemicals/drugs, per cell |
| Pre-treatment with enzymes, per cell |
| RhD Genotype, D Variant |
| Rh Phenotype complete |
| Separation by density gradient, retics |

Send-Out Testing The following is a list of reflex tests that are commonly performed by our reference laboratories. For a complete list of tests and specimen requirements, visit the LabCorp website https://www.labcorp.com/providers

| **Reflex tests performed by LabCorp** |
|---|
| 733692 9+Oxycodone+Crt-Scr |
| 733727 10+Oxycodone+Crt-Scr |
| ANA w/Reflex |
| ANA w/Reflex if Positive |
| Antinuclear Antibodies, IFA |
| Antiphospholipid Syndrome Prof |

| |
|---|
| BKV Quant PCR |
| C difficile, Cytotoxin B |
| Celiac Disease Ab Screen w/Rfx |
| Celiac Disease Panel |
| Cryoglobulin, Ql, Serum, Rflx |
| Epstein-Barr DNA Quant, PCR |
| Ethanol, Urine |
| Ethyl Glucuronide, Urine |
| Fungus Culture With Stain |
| Gluten Sensitivity Screen |
| HCV RT-PCR, Quant (Graph) |
| Helper T-Lymph-CD4 |
| Hexagonal Phase Phospholipid |
| Hgb Fractionation Cascade |
| HIV Ab/p24 Ag with Reflex |
| HPV, Aptima High 16/18,45 |
| HSV 1 and 2-Spec Ab, IgG w/Rfx |
| IFE and PE, Serum |
| IgE Food Basic w/Component Rfx |
| Legionella pneumophila/Culture |
| Lupus Anticoagulant Reflex |
| Ova + Parasite Exam |
| PCB Serum w/rfx to Confirmation |
| PSA (Reflex To Free) (Serial) |
| Reference Bacterial Culture ID |
| RF Antibody Titer |
| Stool Culture |
| Susceptibility, Aer + Anaerob |
| T + B-Lymphocyte Differential |
| TgAb+Thyroglobulin,IMA or RIA |
| Toxoplasma gondii Ab,IgM |
| Urine Culture, Routine |
| von Willebrand Profile |
| White Blood Cells (WBC), Stool |
| |
| **Reflex Tests Performed by DRUGSCAN** |

| |
|---|
| Utox |
| |
| **Reflex Tests Performed by AMC** |
| Anaplasma PCR or Ehrlichia PCR ordered individually (Anaplasma PCR and Ehrlichia PCR is ordered as a combined panel.) |
| Hepatitis B Core w/reflex to IGM |
| Hepatitis B surface Antigen with Confirmatory Testing |
| Hepatitis C (HCV) Antibody |
| Hepatitis C RNA with Reflex to Genotyping |

## REPORTING TEST RESULTS

Please notify the Laboratory Client Services Department at (518)583-8740 of any changes in location for a provider.

Outpatient reports:

- Internal Providers- Results are immediately available in the providers EMR inbasket for review once testing is complete.
- External Providers- Results are routed via fax once complete.

Inpatient reports:

- Results are immediately available in the providers EMR inbasket for review once testing is complete.

## REPORTING CRITICAL VALUES/ALERT VALUES

*Critical Results*: A laboratory result that may indicate the presence of a life-threatening situation (also known as critical values), which may be corrected by appropriate and timely intervention. *Alert Results*: Results that are significantly abnormal but do not constitute a medical crisis. These results may require intervention by a licensed caregiver..

*Licensed Caregiver who can manage critical results/tests*: An attending physician, physician on call, physician assistant, nurse practitioner or nurse midwife is generally an appropriate individual to manage a critical value. In certain situations, a registered nurse authorized to modify treatment based on a protocol is considered an appropriate licensed caregiver able to respond to critical results (example: glucose protocol).

*Designee:* A qualified staff member who is trained in and maintains competency in the process of receiving critical results. This may include Patient Care Assistant, Medical Assistant, Tech, Unit Secretary as defined in their job description.

*Read Back and Verify (RB&V):* This process is used for accurate recording of a critical result when transmitted verbally. The caller provides the caller's full name, the patient ID (including patient full name and unique second identifier), the date and time of collection, the test name, and the critical result. The recipient of the result provides the caller with the recipient's full name, the patient's ID, and a read-back of the transcribed test results. Data from the RB&V process is documented in the medical record.

Critical results and Alert results reported by reference laboratories are also included under this policy.

**Critical Result Reporting:**

Once a critical value has been identified, the result is **immediately** called to the appropriate nurse or designee responsible for the patient. The person receiving the result must read the result back to the technologist or lab designee to ensure that it has been interpreted correctly. Results that have been acknowledged through the Closed Loop Critical Reporting function do not require a phone call. The procedure is as follows:

1. Inpatient and Emergency Department.:

   a. If the patient has not been discharged from the hospital, the technologist or lab designee will call the appropriate patient care unit and give the results to a nurse or designee who will communicate the value to the physician or APP in a timely manner.
   b. If the patient is located in the Emergency Department at the time of the critical result, EPIC's Closed Loop Critical (CLC) Reporting function may be used.
   NOTE: CLC Reporting is not intended for Microbiology or Blood Bank, or for critical delta values (i.e.hemoglobin).
   1. Confirm that the patient is currently located in the ED and verify the critical result.
   2. A push notification will be sent to the patient's assigned provider(s) and nurse(s). The provider may acknowledge or decline the notification. Nurses do not have the ability to acknowledge the notification.
   3. If the provider chooses to acknowledge the result, the acknowledgment will be documented in the patient's EMR.
   4. If the provider does not acknowledge the notification within 5 minutes or if no provider is assigned to the patient, the specimen will populate back on the lab outstanding list for the communication (comm) log to be completed.
   ▪ Lab staff will call the ED and give the results to a nurse or designee who will communicate the value to the physician or Advanced Practice Practitioner (APP) in a
   c. timely manner
   d. If the patient has been discharged from the hospital:

Inpatients:

   i. From 8 AM to 8 PM, the technologist or designee will notify the Hospitalist Physician On Call who is identified in the Qgenda scheduling system under the heading "Inpatient Physicians Section " as "SIP Inpatient Call 8AM to 8 PM
   ii. From 8 PM to 8 AM, the technologist will notify the Hospitalist Advanced Practitioner On Call who is identified in the Qgenda scheduling system under the heading " Inpatient Physician Section "as "SIP PA Night 8 Pm to 8 AM".

Emergency department:

a) Call the ED and give the results to the physician on duty who is identified in the Qgenda scheduling system.

3. Outpatient and Urgent Care Facility:

a. During business hours: Call the physician, APP's office or urgent care and give the result directly to a nurse, physician or APP.After business hours: Before contacting the on-call physician or APP,, obtain the patient's demographic information and home phone number. (EMR Admissions Module "View Patient" routine).
b. Escalation Process:
    i. If the lab is unable to reach an office or medical professional in 30 minutes, then the attending physician or the designated on-call provider will be paged no less than three times over the next 30 minutes until the physician or APP responds.
    ii. If the physician or applicable caregiver cannot be reached within 60 minutes, the laboratory staff will deliver the critical lab value to the Emergency Department or Wilton Urgent care staff along with a copy of the patient's demographic sheet, a Critical Value form Emergency Department Follow-up (#4225)and the name of the attending provider. The form will be signed by the licensed caregiver accepting the form and a signed copy provided to the laboratory. The signed form will be scanned to the laboratory specimen as an internal document.
    iii. The Emergency Department attending physician will review the lab critical value. The attending physician will be paged again and if there is no response the staff will contact the patient and recommend needed follow-up.
    iv. All Emergency Department involvement will be documented on the Critical Value Report form. The completed form will then be scanned/uploaded as an internal document by the Emergency Department following their workflow into EMR. .

Pathologist On-Call Schedule is available for Anatomic Pathology and Clinical Pathology Services after normal working hours. The pathologist on-call schedule is loaded in QGenda.

To locate the pathologist on-call in QGenda, Hover over the Resources Tab on the SaraNet homepage and click on Call Schedules. Click on Physician Call Schedule and locate Pathology in the Full Call Schedule or click on Pathology on the right side of page to see the Section Schedule.

# Critical Values/Alert Results

**Critical results:** *These results must be communicated to the responsible licensed caregiver within 60 minutes of initial recognition of the critical result by the notifying diagnostic area.*
**Alert Results**: *Should be communicated to the responsible caregiver within 8 hours but no later than the next business day. Department specific protocols apply.*
******Designates a Send-out test.***

| BLOOD BANK | | CRITICAL | ALERT |
|---|---|---|---|
| Direct Antiglobulin Test | | Positive with evidence of acute hemolytic reaction. | |
| **CHEMISTRY/HEMATOLOGY** | | | |
| Acetaminophen (ug/mL) | High | ≥50 | |
| Bicarbonate (mmol/L)*** | Low | <10 | |
| BUN (mg/dL) | High | >100 | |
| Calcium (total) (mg/dL) | High | >13.0 | |
| | Low | <7 | |
| Carbamazepine (ug/mL) | High | >15.0 | |
| CK (IU/L) | High | >1000 | |
| Digoxin (ng/mL) | High | ≥2.0 | |
| Gentamicin Peak (ug/mL) | High | >12.0 | |
| Gentamicin Random (ug/mL) | High | >10.0 | |
| Gentamicin Trough (ug/mL) | High | >2.0 | |
| Glucose (mg/dL) ***Birth-30 days*** | High | >450 | |
| | Low | <50 | |
| | High | >200 | |

| | | | |
|---|---|---|---|
| | Low | <40 | |
| Glucose-Urinalysis- ***Birth to 18 years*** | | Any positive result | |
| Hemoglobin (g/dL) | High | >20 | |
| | Low | <7.0 | |
| | | Critical drop: > 3 | |
| Hematocrit (%) ***Birth- two weeks*** | High | >60 | |
| | Low | <22 | |
| | Low | <30 | |
| INR | High | >5.0 | |
| Lactate/Lactic acid (mmol/L) | High | >2.0 | |
| Lithium (mmol/L) | High | >1.5 | |
| Magnesium (mg/dL) ***Maternity only*** | High | >5.0 | |
| | Low | <1.0 | |
| | High | ≥7.0 | |
| | Low | ≤4.0 | |
| Manual Differential | | | Blast or malignant cells; **first instance only** |
| PH | High | >7.6 | |
| | Low | <7.2 | |
| Phenobarbital (ug/mL) | High | >50.0 | |
| Phenytoin (ug/mL) | High | >30.0 | |

| | | | |
|---|---|---|---|
| Phosphorus (mg/dl) | Low | <1.0 | |
| Platelets (x $10^9$) | High | >1000 | |
| | Low | <30 | |
| | High | >900 | |
| ***Birth- two weeks*** | Low | <50 | |
| Potassium (mmol/L) | High | >6.0 | |
| | Low | <2.8 | |
| PO2 | Low | <55 | |

| | | | |
|---|---|---|---|
| PTT | High | >80 NO heparin | |
| | | >100 (patients on heparin) | |
| Salicylate (mg/dL) | High | ≥30.0 | |
| Sodium (mmol/L) | High | >160 | |
| | Low | <120 | |
| Theophylline (ug/mL)*** | High | >20.0 | |
| Tobramycin Peak (ug/mL)*** | High | >12.0 | |
| Tobramycin Random (ug/mL)*** | High | >10.0 | |
| Tobramycin Trough (ug/mL)*** | High | >2.0 | |
| Total Bilirubin (mg/dL) ***Birth- two weeks*** | High | >15.0 | |

| | | | |
|---|---|---|---|
| High Sensitivity Troponin (ng/ml) | High | High Sensitivity Troponin I consistent with possible myocardial injury:<br>• Any level > 75ng/L;<br>• Delta 2HR > 10ng/L ***<br>• Delta 6HR > 12ng/L ***<br>***Lab is unable to call critical Deltas | |
| Valproic Acid (ug/mL) | High | >125.0 | |
| Vancomycin Peak (ug/mL) | High | >80.0 | |
| Vancomycin Random (ug/mL) | High | >20.0 | |
| Vancomycin Trough (ug/mL) | High | >20.0 | |
| WBC ($x10^3\mu L$) | High | >35 | |
| | Low | <1 | |
| **MICROBIOLOGY** | | **CRITICAL** | **ALERT** |
| ***STAINS*** | | | |
| CSF | | Positive | |
| Blood Culture | | Positive; The first instance of identification per discrete organism | Positive -2nd set/same organism |
| Fluids from joint or other body cavity that are normally sterile (except urine) | | Positive | |
| STAT OR Specimens for Gram stain | | Positive | |
| AFB smear*** | | Positive | |
| ***CULTURES*** | | | |
| CSF | | Positive-if smear was negative | |
| Blood Culture | | Positive-if smear was negative | |

| | | |
|---|---|---|
| Culture of fluids from joint or other body cavity that are normally sterile (except urine) | Positive-if smears was negative | |
| Wound Culture*** | Positive for Clostridium | |
| All MDROs, VRE/MRSA/VISA/VRSA | | Positive |
| Stool*** | | Salmonella, Shigella, Campylobacter |
| ***ANTIGEN/TOXINS*** | | |
| C Diff toxins | | Positive |
| Fluids from joint or other body cavity that are normally sterile (except urine) | Positive | |
| Legionella Antigen-Urine*** | Positive | |

Laboratory critical values revised: 10/2026

# SPECIMEN LABELING AND TRANSPORT

## SPECIMEN LABELING

Laboratory results are used by physicians to provide quality patient care. Proper patient identification and specimen labeling is essential in providing accurate results that can safely be used in decision-making by the physician.

**Identify the patient**:

Ask the patient to state their full name and date of birth prior to collecting the specimen. Specimen containers are to be labeled with proper patient identification in the presence of the patient and immediately after completing the collection procedure. (Employees of Saratoga Hospital should refer to the "*Patient Identification"* and *"Specimen Labeling Policy"* for additional instructions on specimen labeling).

**Additional information:**

To ensure proper specimen processing, the following information should be on the specimen label:

1. Patient full name and date of birth.
2. Specimen type and/or anatomic collection site
3. Date and time of collection
4. Initials of the collector

Refer to Pathology and Blood Bank for additional information.

### Blood Bank Specimen Labeling:

Positive identification of the patient is the most important step in preventing hemolytic transfusion reactions. All patients who will or may receive transfusions must be identified with an armband, which includes the patient's full name, date of birth and a unique identifier. All patients must be identified and specimens labeled according to the Saratoga Hospital's "Patient Identification" and "Specimen Labeling" procedures.

The specimen label must include:

- Patient's full name, correctly spelled and no letters omitted.
- Complete date of birth.
- Inpatient: patient's **medical record number [MRN#].** The account number [CSN#] is not acceptable.
  Outpatient: The "Typenex" wrist band identification system is used for all outpatients who require (or may require) transfusions. Contact the transfusion service for additional information.
- The date and time the specimen was drawn.
- The initials of the person who drew the specimen.

All specimens that are not labeled properly will be rejected. Specimens drawn from transfusion candidates with no armbands will also be rejected. If there is an emergency where there is no time to collect another specimen, Group O uncrossmatched RBCs will be provided.

This stringent policy is the standard of care for transfusion safety. The reason for the policy is to prevent a break in the chain of identification, which links the patient to the specimen and to the blood product transfused. When the chain is broken, the selection of the blood product becomes essentially random-then the risk of a major,

potentially fatal, hemolytic transfusion reaction because of an ABO mismatch, approaches 30%. Our specimen labeling policy is consistent with requirements established by the FDA, NYS, AABB and other regulatory agencies.

## SPECIMEN PACKAGING AND TRANSPORT

All specimens are considered biohazardous. Specimens must be collected in sterile leak-proof containers and placed into a sealable plastic bag prior to transport to the laboratory. Requisitions and specimen labels must be left outside the bag to prevent contamination.

A packing list should accompany all specimens sent to the lab.

Transport specimens to the laboratory as soon as possible. See "Table of Diagnostic Tests" and for specific information on specimen storage and transport. Improper specimen storage can adversely affect test results.

## REJECTION OF SPECIMENS

Specimens will be rejected if the following conditions are not met:

1. Patient identification on specimen is omitted, illegible, insufficient or incorrect.
2. The apparent condition of the specimen indicates that it is unsatisfactory for testing or that it is inappropriate for the test requested.
3. It has been collected, labeled, preserved or otherwise handled in such a manner that it has become unsatisfactory or unreliable as a test result.
4. It is perishable and the time lapse between the collection of the specimen and its receipt by the laboratory is of such duration that the test finding may no longer be reliable.

The laboratory will promptly contact the provider/patient care unit regarding specimen rejections.

## COLLECTION PROTOCOLS

Refer to the Saratoga Hospital Laboratory Specimen Reference Guide for general collection instructions.

**References**

**1.** Isenberg, Clinical Microbiology Procedures Handbook, 2nd Edition, Updated March 2007
J. Michael Miller, A Guide to Specimen Management in Clinical Microbiology, 2nd Edition

## PATIENT INSTRUCTIONS

### Glucose Tolerance Tests-Patient Instructions:

NOTE: You must have an appointment for this test. Tests can be scheduled Tuesday-Friday in the morning. Please call 583-8440.

You are scheduled to have an oral glucose tolerance tests on so that your doctor can find out how well you body absorbs and uses glucose (sugar). You should not eat 12-14 hours prior to this test.

A blood sample will first be collected in the laboratory, and after this you will be given a glucose solution to drink. The examination lasts for approximately five hours, and several blood samples will be collected from you during this time.

During this test, you may not eat, drink, smoke, walk excessively or leave the laboratory area.

At the following times, you will need to have your blood drawn:

1 hour sample:_____

2 hour sample:_____

3 hour sample:_____

**IMPORTANT: If the phlebotomist has not called for you when your blood draw is due, please tell the office staff immediately.

# PATIENT INSTRUCTIONS

## Instructions for collecting Hemoccult Slides

All specimens submitted to the laboratory must contain the patient's first name, last name, date of birth, date the specimen was collected, and time the specimen was collected.

- Do not collect samples during, or until three days after your menstrual period, or while you have bleeding hemorrhoids or blood in your urine.

- Do not consume the following drugs, vitamins and foods:

  Avoid **7 days** prior to and during the test period:
  Aspirin or other non-steroidal anti-inflammatory drugs.

  Avoid **72 hours** prior to and during the test period:
  Vitamin C in excess of 250 mg per day
  (from all sources, dietary and supplemental)*

  Red meat (beef, lamb), including processed meats and liver
  **Raw** fruits and vegetables
  (especially melons, radishes, turnips and horseradish)

- Remove toilet bowl cleaners from toilet tank and flush twice before proceeding.

- Collect samples from three consecutive bowel movements or three bowel movements closely spaced in time.

- Label the slide with the patient name, date of birth and date of collection.

- Protect slides from heat, light and volatile chemical (e.g., iodine or bleach).

- Keep cover flap of slides closed when not in use.

For additional information please call 583-8750.

**Caution: some iron supplements contain quantities of Vitamin C, which exceed 250 mg per day.*

# PATIENT INSTRUCTIONS

## 24 Hour Urine Collection

**To the Patient:** Follow these instructions in collecting your 24-hour urine specimen.

All specimens submitted to the laboratory must contain the patient's first name, last name, date of birth, date the specimen was collected, and time the specimen was collected.

Void (urinate) into the collection container provided for use in the toilet and transfer the urine into the collection jug. Do **not** add anything but urine to the container and do **not** discard any liquid, tablets, or powder that may already be in the larger collection container. **These substances may cause burns if touched**. The collection container should be kept tightly closed and refrigerated (or kept in a cool place) throughout the collection period.

1. Upon rising in the morning, urinate into the toilet, emptying your bladder completely. **Do not** collect this sample. Note the exact time and date and print it on the container label.

2. Collect all urine voided for 24 hours after this time in the container provided. All urine passed during the 24hour time period (day or night) must be saved. Urine passed during bowel movements must also be collected.

3. Refrigerate the collected urine between all voidings or keep it in a cool place.

4. At exactly the same time the following morning, void completely again (first time after awakening), and add this sample to the collection container. This completes your 24-hour collection.

***See Below if you have been given more than one 24 hour urine container.**

5. Take the 24-hour specimen as well as your requisition to the physician's office or laboratory as soon as possible, maintaining the cool temperature in transit by placing the specimen in a portable cooler or insulated bag.

**For Patients needing more than one 24 hour urine collection container:**
Please begin your collection in container labelled #1 and repeat steps 1-5 for all collection containers.

### Instructions to Collect a Midstream Clean Catch Urine Sample

***Read each step carefully before beginning to clean and collect the urine sample.***

- *If you do not understand these directions or have any questions, please ask for help.*
- *If the sample is not collected properly, the test results will not give the provider the correct information needed.*

1. **Wash Hands.**
   - **If assisting a patient, gloves are available for use.**

2. **Open the cleansing wipe packet.**

3. **Clean the urethra (urinary opening), using each wipe only once. Females:**
    - **Start with parting the skin (labia) around the vagina.**
    - **Use the 1st wipe to clean one side of the skin (labia).**
    - **Wipe from front to back.**
    - **Use the 2nd wipe to clean the other side of the skin (labia).**
    - **Wipe from front to back.**
    - **Use the 3rd wipe to clean over the area where the urine comes out (urethra).**
    - **Wipe from front to back.**

   **Circumcised Males:**
    - **Clean the head of the penis with the wipe provided.**

   **Uncircumcised Males**
    - **Retract the skin (foreskin).**
    - **Clean the head of the penis with the wipe provided.**

4. **Throw used wipes in the garbage; please <u>do not</u> throw wipes in the toilet.**

5. **Be careful when picking up the specimen cup.**
    - **DO NOT put your fingers in the specimen cup.**
    - **DO NOT touch inside the blue ring.**

6. **Hold the blue tab on the outside of the cup and begin urinating in the toilet.**

7. **While urinating, pass the cup into the stream of urine and hold the cup until it is about ½ full.**

8. **Remove cup from stream of urine and finish urinating into the toilet.**
    - **Uncircumcised Males: be sure to replace the skin (foreskin).**

9. **Unscrew the blue ring and replace it with the white lid.**
    - **DO NOT touch the inside of the white lid.**

10. **Throw the blue ring in the trash.**

11. **Wash hands and return the specimen cup to the staff person.**

Date of Origin: 10/01/13 Prepared by: Jane Stratton, Bernadine Claus, Melissa Bown

**SARATOGA HOSPITAL LABORATORY**
***211 CHURCH STREET, SARATOGA SPRINGS, NEW YORK 12866***
***CYTOLOGY DEPARTMENT***
***(518) 583-8442***

## INSTRUCTIONS FOR COLLECTING SPUTUM FOR CYTOLOGY

*Each patient is given a sputum cytology kit which includes:*
*…Specimen container with 50% ethyl alcohol fixative*
*…Cytology requisition …Zip-*
*lock bag and Bio hazard bag*

***COLLECTION:***

1. *Thoroughly cleanse mouth with water before collection.*
2. *Cough deeply and expel sputum into specimen container.*
3. *Close container and tighten cap.*
4. *Write patient full name, date of birth, and date of collection on the specimen container.*
5. *Complete the Cytology requisition.*
6. *After specimen collection is complete place specimen container and requisition inside the Bio hazard bag and seal.*
7. *Deliver the specimen to Saratoga Hospital Laboratory.*

**Note: If a physician orders sputum for cytology X 3, repeat steps 1-5 for three *consecutive mornings; be sure to write patient full name, date of birth and date of collection on each specimen container. Refrigerate each specimen and deliver to laboratory upon completion of three specimens.***

***Day(s) and time(s) test performed:***
*Monday – Friday 7:00 AM – 3:00 PM*

*Reference: The Art and Science of Cytopathology, Richard Mac DeMay, second edition, 2012.*

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## INSTRUCTIONS FOR COLLECTING VOIDED URINE FOR CYTOLOGIC EXAMINATION

*Each patient is given a urine cytology kit which includes:*
*..Specimen container with 50% ethyl alcohol fixative*
*..Cytology requisition*
*..Plastic cup*

### *COLLECTION:*

1. *A first morning voided specimen is not suitable.*
2. *Have patient drink as much water as possible without causing any discomfort for 1 1/2 to 2 hours. During this period, the urine is discarded.*
3. *At the end of this period, collect the next voided specimen in plastic cup (a minimum volume of 15-30 ml is required), then immediately pour urine specimen into container with 50% alcohol fixative. Cap the specimen container tightly and refrigerate.*
4. *Label specimen container with patient full name, date of birth, and date of collection.*
5. *If the foregoing procedure cannot be carried out, an alternative procedure would be to submit a freshly voided urine sample after the bladder has been emptied earlier.*
6. *Each specimen must be accompanied by a completed Cytology requisition. It is important to include all pertinent clinical information on the request form.*
7. *Place specimen container and requisition inside the zip-lock bag and seal.*
8. *Deliver the specimen to Saratoga Hospital Laboratory.*
9. *Please call Saratoga Hospital Cytology Laboratory for additional information (518) 583-8442.*

***NOTE: If a physician orders urine for cytology x 3, repeat steps 1-5 for three consecutive mornings; be sure to write patient full name, date of birth and date of collection on each specimen container. Refrigerate each specimen and deliver to laboratory upon completion of three specimens.***

*Reference: Koss's Cytology of the Urinary Tract with Histopathologic Correlations, Leopold G. Koss, Rana S. Hoda 2012.*

**Review and Approval**

The Clinical Laboratory Service Directory has been reviewed and approved on the dates indicated. This manual is the property of Saratoga Hospital and may not be copied or disclosed without proper approval.

**Reviewed By:** Shayna Blanchette, Associate Administrative Director Laboratory

**Final Approval:** Janne Rand, M.D., Laboratory Medical Director, Saratoga Hospital Laboratory

Last Reviewed/Revised Date: 10/27/26