

## **Purpose/Introduction**

The Quest Diagnostics Priority Result Reporting Policy describes the reporting of test results assigned a variable level of Priority (P1 or P2) depending on thresholds established and amended by medical consensus and approval of the Chief Laboratory Officer. The priority result reporting described in this policy is in addition to the regular reporting procedure for all test results (such as reports delivered by mail or electronically).

The provider who requests the test is responsible for providing 24-hour reliable contact information for the purpose of priority reporting.

We will notify the ordering provider or authorized representative as permitted or required by state and federal law. Thereafter, the provider or authorized representative has the responsibility of interpreting the result in the context of the patient's clinical condition and to take appropriate action, if needed. If the person notified is not qualified to make these decisions, they have a responsibility to communicate the information to a qualified person immediately.

## **Priority Level Definitions**

**Priority–1** test results are reported 24 hours/day and 7 days/week and may be “critical” as referenced in the Clinical Laboratory Improvement Amendments of 1988 (CLIA; CFR 493.1291g) and the CAP Laboratory Accreditation Program.

**Priority–2** test results are reported during office hours if known, or 9 am to 5 pm, 7 days/week and may require attention prior to the receipt of routine laboratory reports. When we are informed that office is closed for the day by answering service or voice message, we will fax the results and delay the call until office reopens or next business day.

For facilities that are known to us as a nursing home or hospital, we will use reasonable efforts to promptly communicate Priority results 24 hours/day and 7 days/week.

The Priority Value Table thresholds will not be customized (changes, deletions, or additions) without a signed client request and approval by the laboratory medical director or regional medical director.

Sincerely,

Enrique Terrazas, MD, MS

Senior Medical Director Medical Quality

Chemistry / Special Chemistry	Priority 1 (called 24 hrs, 7 days)			Priority 2 (office hours, 7 days)			
	Analyte	Age	Low	High	Age	Low	High
Ammonia [umol/L]	≤18 y		>200				
Amylase [U/L]				All		≥300	
Bilirubin, total [mg/dL]	≤2 y		≥15.0				
Calcium, total [mg/dL]	All	≤6.0	≥13.0				
Calcium, ionized [mg/dL]	All	≤3.2	>6.9				
CK–MB				All		>positive cutoff value (varies with assay)	
CK [U/L]	≤18 y					≥1000	
	>18 y					≥6000	
Creatinine [mg/dL]				All		≥8.00	
Galactose, urine [mg/dL]				≤2 y		>70	
Galactose–1–Phosphate [mg/dL]				≤2 y		>5.0	
Glomerular Basement Membrane Ab IgG, [AI]	All		≥1.0				
Glucose, serum [mg/dL] <i>* Glucose results are flagged P1–P2 regardless of ordered test (OGTT, random glucose, serum or plasma). When results are called to the client, the report title of the test result should be made known to the client.</i>	All	<40	≥500	All		400–499	
Glucose, CSF, [mg/dL]	All	<30					
Lipase [U/L]				All		≥180	
Magnesium, serum or plasma [mg/dL]	All	≤1.0	≥6.1				
Phosphate (as phosphorus), serum or plasma [mg/dL]	All	≤1.0					
Potassium, serum or plasma [mmol/L]	All	≤2.7	≥6.2				
Sodium, serum or plasma [mmol/L]	All	≤120	≥160				
Transferrin, Beta-2				All		Positive (Detected)	
Troponin (I or T) [ng/mL]	All		Positive >cutoff value				
TSH [mIU/L]				≤1 y		≥40.00	
Uric Acid [mg/dL]				All		>14.0	
Viscosity, serum [relative to water]	All		≥3.0				

Hematology / Coagulation / Urinalysis	Priority 1 (called 24 hrs, 7 days)			Priority 2 (office hours, 7 days)		
	Analyte	Age	Low	High	Age	Low
Hemoglobin [g/dL]	≤12 y	<7.0	≥22.5	≤12 y	7.0–8.9	
	>12 y	≤6.0	≥22.5	>12 y	6.1–7.0	
WBC [u/L]				All	<1,000	
Neutrophils, absolute number [u/L]	All	<400		All		>30,000
Blasts, absolute number [u/L]	All		≥50,000 (any patient)	All		>0 (new patient)
Cerebrospinal fluid (CSF)	All	Any abnormal per local Medical Director				
Malaria parasites or other organisms (Babesia, Ehrlichia, Trypanosomes etc.) [also appears in Microbiology section]	All	Positive for <i>P. falciparum</i> or unspicated Plasmodium sp. that is possible <i>P. falciparum</i>		All	Positive for blood parasites other than <i>P. falciparum</i>	
Platelet Count, absolute number [u/L]	All	<20,000	≥2,000,000			
Partial Thromboplastin Time (aPTT) [sec.]	All		≥90			
Prothrombin Time - International Normalized Ratio (PT-INR)	All		≥8.0	All		5.0–7.9
ADAMTS13 Activity reflex to Inhibitor (Von Willebrand Factor Protease Cleaving Activity) [%]	All	≤30				
Coagulation Factor VIII, IX and XI Inhibitor [Bethesda Unit]				All		>2
Coagulation Factor XIII, Activity [%]				All	<20	
Coagulation Factors VIII & IX, Activity [%]	All	<5				
Cryoglobulin [%]				All		≥ 3
Fibrinogen Clotting Activity, Clauss [mg/dL]				All	<50	
Heparin [IU/mL]				All		>2.0
Heparin-Induced Platelet Antibody				All		Positive
Serotonin Release Assay [%]				All		≥20
Protein C and S Activity %				< 1 month	<10%	

Infectious Agents	Priority 1 <i>(called 24 hrs, 7 days)</i>		Priority 2 <i>(office hours, 7 days)</i>	
Analyte	Age	Result	Age	Result
<i>Aspergillus galactomannan</i> antigen, serum, CSF or bronchoalveolar lavage	All	Positive CSF	All	Positive
<i>Bacillus anthracis</i> , culture, antigen or nucleic acid detection	All	Positive		
<i>Bordetella pertussis</i> , culture, antigen or nucleic acid detection			All	Positive
<i>Bordetella parapertussis</i> , culture, antigen or nucleic acid detection			All	Positive
<i>Brucella</i> sp., culture, antigen or nucleic acid detection	All	Positive		
<i>Chlamydia trachomatis</i> , culture, nucleic acid or antigen test			<13 y	Positive
<i>Clostridium difficile</i> toxin A/B and GDH Antigen are both positive, or positive PCR, cytotoxicity assay or toxigenic culture (Note: non-toxigenic strains will not be called)			All	Detected
<i>Corynebacterium diphtheriae</i> , nasopharynx culture	All	Positive		
<i>Cryptococcus</i> antigen, serum or CSF	All	Detected		
Culture: Culture: blood, CSF, any tissue or sterile body fluid (excluding urine and <i>H. pylori</i> from tissue biopsy)	All	PRELIM: positive any organism	All	FINAL: positive any organism
<i>Cytomegalovirus</i> , nucleic acid detection and culture: All sterile body fluid including blood sources (serum, plasma, whole blood) [excluding quantitative CMV from blood sources, and genotyping]	All	Positive	<1 y	Positive in urine or saliva
Culture, <i>Herpes Simplex Virus</i>	<4 mos	Positive		
<i>E coli</i> O157, culture, stool			All	Positive
<i>Enterobacteriaceae</i> isolates (other than <i>Proteus</i> , <i>Providencia</i> and <i>Morganella</i> )			All	Resistant to any Carbapenem
<i>Francisella tularensis</i> , culture, antigen or nucleic acid detection	All	Positive		
Gram or other stain of direct specimen or antigen detection (blood, CSF, sterile tissue or body fluids)	All	Detected		
Nucleic acid detection: All sterile body fluid including blood sources (serum, plasma, whole blood) [excluding quantitative HIV, HCV, HBV, BKV, EBV from blood sources, and genotyping]	All	Positive: HSV, VZV, Leptospira, Rickettsial species Kingella	All	Positive for other microorganisms (Excluding borrelia species from blood source: no call)
<i>Histoplasma</i> , <i>Blastomyces</i> , <i>Coccidioides</i> , <i>Paracoccidioides</i> , <i>Cryptococcus neoformans</i> or <i>Cryptococcus gattii</i> , or <i>Candida auris</i> isolated and/or detected by microscopy, antigen or nucleic acid detection	All	Positive on blood or CSF	All	Positive
<i>Legionella</i> sp., culture, nucleic acid, or antigen test			All	Positive

Infectious Agents	Priority 1 <i>(called 24 hrs, 7 days)</i>		Priority 2 <i>(office hours, 7 days)</i>	
Analyte	Age	Result	Age	Result
Malaria parasites or other blood parasites (e.g., <i>Babesia</i> , <i>Trypanosomes</i> , etc.) Antigen or nucleic acid detection, culture, or microscopy	All	Positive for <i>P. falciparum</i> or unspiciated Plasmodium sp. that is possible <i>P. falciparum</i>	All	Positive for blood parasites other than <i>P. falciparum</i>
MRSA culture			All	Detected (patients in extended care or hospital setting)
MRSA nucleic acid detection			All	Detected (patients in extended care or hospital settings)
Mucormycosis/Zygomycosis (lung tissue or sinonasal area)	All	Positive		
<i>Mycobacteria</i> stain or direct specimen nucleic acid test for <i>M tuberculosis</i> , initial detection			All	Positive
<i>Mycobacteria</i> culture, all sp., initial detection and final identification			All	Positive
<i>Mycobacteria tuberculosis</i> , susceptibilities, resistant to 2 or more drugs			All	Resistant ≥2
<i>Neisseria gonorrhoeae</i> , culture or nucleic acid detection			<13y	Positive
<i>Nocardia</i> species			All	Positive
Norovirus – Antigen or nucleic acid detection			All	Positive
<i>Pneumocystis jiroveci (carinii)</i> , stain, antigen or nucleic acid detection			All	Positive
Respiratory syncytial virus (RSV), culture, antigen or nucleic acid detection			≤3 y	Positive
Rotavirus, antigen test			All	Positive
SARS-CoV-2 nucleic acid detection	All	Positive or Inconclusive (Esoteric Laboratory direct clients ONLY <sup>1</sup> )		
Shiga Toxin, EIA or nucleic acid detection			All	Detected
Stool Culture, <i>Shigella</i> sp., <i>Listeria</i> sp., <i>Salmonella</i> sp., <i>Campylobacter</i> sp., <i>Vibrio</i> sp., and/or <i>Yersinia enterocolitica</i>			All	Positive
<i>Streptococcus</i> , Group B, culture or nucleic acid detection			<1 y	Positive
<i>Ureaplasma urealyticum</i> , culture, respiratory			<1 y	Positive
Vancomycin Intermediate or Resistant <i>Staphylococcus aureus</i> (VISA or VRSA)			All	Vancomycin I or R
Vancomycin Resistant Enterococcus (VRE) culture or nucleic acid detection			All	Detected
West Nile virus IgM, CSF	All	Positive		
<i>Yersinia pestis</i> , culture, antigen or nucleic acid detection	All	Positive		

<sup>1</sup> Esoteric laboratory direct customers ship samples directly to the following laboratories: Quest Diagnostics Nichols Institute (Chantilly, San Juan Capistrano and/or Valencia), Quest Diagnostics Infectious Disease, Inc., and Med Fusion.

TDM / Toxicology		Priority 1 <i>(called 24 hrs, 7 days)</i>			Priority 2 <i>(office hours, 7 days)</i>		
Analyte		Age	Low	High	Age	Low	High
Acetaminophen	[mg/L]	All		≥50			
Acetone	[mg/dL]	All		≥50			
Amitriptyline + Nortriptyline, total	[mcg/L]	All		≥1000	All		600–999
Amobarbital	[mg/L]	All		≥20.0			
Arsenic, blood	[mcg/L]				All		>60
Butalbital	[mg/L]	All		>10.0			
Cadmium, 24hr urine	[mcg/L]	All		>10.0			
Cadmium, blood	[mcg/L]	All		≥30.0	All		10.0–29.9
Caffeine	[mg/L]	All		≥50.0	<1 y		40.0–49.9
Carbamazepine, total	[mg/L]	All		≥20.0			
Carboxyhemoglobin	[% of total Hgb]	All		≥20			
Chlorpromazine	[ng/mL]	All		≥750			
Chlorpromazine	[ng/mL]	All		≥750			
Clomipramine and Metabolite, total	[ng/mL]	All		≥600			
Clozapine	[ng/mL]	All		≥900			
Cobalt, blood	[mcg/L]	All		≥400			
Cobalt, urine	[mcg/L]				All		≥250
Cyanide	[mg/L]	All		≥1.0	All		0.5–0.9
Cyclosporine, trough	[mcg/L]	All		≥600	All		400–599
Desethylamiodarone	[mcg/mL]	All		>2.5			
Desipramine	[mcg/L]	All		≥600			
Diazepam and Nordiazepam, total	[mg/L]	All		≥3.0			
Digoxin	[mcg/L]	All		≥3.0			
Disopyramide	[mg/L]	All		≥7.0			
Doxepin + Nordoxepin, total	[mcg/L]	All		≥600			
Ethanol, serum and blood	[mg/dL]	All		≥250			
Ethosuximide	[mg/L]	All		≥150			
Ethylene glycol	[mg/L]	All		≥100			
Flecainide	[mg/L]	All		≥1.0			
Fluphenazine	[mcg/L]	All		≥50			
Haloperidol, serum	[ng/mL]				All		>20
Ibuprofen	[mg/L]	All		≥100			
Imipramine or Desipramine, total	[mcg/L]	All		≥600			
Isopropanol	[mg/dL]	All		≥50			
Lead, 24hr urine	[mcg/L]				All		≥120
Lead, blood	[mcg/dL]	<18 y		≥45	<6 y		20–44
Levetiracetam, peak	[mg/L]				All		>70
Levetiracetam, trough	[mg/L]				All		>37
Lidocaine	[mg/L]	All		≥6.0			
Lithium	[mmol/L]	All		≥2.0			
Meconium Drug Testing (confirmation)		All		Positive			
Mephobarbital	[mg/L]	All		≥60.0			
Mercury, urine, 24 hr	[mcg/L]	All		≥150			
Mercury, urine, random	[mcg/g creatinine]	All		≥150			

TDM / Toxicology	Priority 1 <i>(called 24 hrs, 7 days)</i>			Priority 2 <i>(office hours, 7 days)</i>		
	Analyte	Age	Low	High	Age	Low
Methanol [mg/dL]	All		≥5			
Methemoglobin [% of total Hgb]	All		≥35.0			
Methotrexate at 24 h [μmol/L]	All		≥5.00			
Methsuximide, as Normethsuximide [mg/L]	All		>40.0			
Mexiletine [mg/L]	All		≥5.0	All		2.0–4.9
Mycophenolic Acid [mcg/mL]	All	<0.5		All	0.5–1.0	>3.5
Mycophenolic Acid Glucuronide [mcg/mL]				All	<35.0	
Nortriptyline [mcg/L]	All		≥500			
Phenobarbital [mg/L]	All		≥60.0			
Phenytoin [mg/L]	All		≥40.0			
Phenytoin, free [mg/L]	All		>3.0			
Plazomicin [mcg/mL]	All		≥ 3.0			
Primidone [mg/L]	All		>15.0			
Procainamide [mg/L]	All		≥14.0			
Procainamide + NAPA, total [mg/L]	All		>30.0			
Propafenone [mg/L]	All		>2.0			
Protriptyline [mcg/L]	All		>500			
Quinidine [mg/L]	All		≥10.0			
Salicylates [mg/L]	All		≥400			
Sirolimus (Rapamycin) [mcg/L]	All	<3.0		All		≥35.0
Tacrolimus (FK 506) [mcg/L]	All	<3.0		All	3.0–4.9	>20.0
Thallium, blood [mcg/L]	All		≥80			
Thallium, urine, 24 hr [mcg/L]	All		≥200			
Theophylline [mg/L]	<6 m		>10.0			
Theophylline [mg/L]	≥ 6 m		≥40.0			
Valproic Acid [mg/L]	All		≥150.0			
Vancomycin, peak [mg/L]	All		≥80.0			
Vancomycin, random [mg/L]	All		≥80.0			
Vancomycin, trough [mg/L]	All		≥80.0			

Genomic Services Testing	Priority 2 (office hours, 7 days)
Analyte	Result
Acylcarnitine, plasma	Result is consistent with a known or suspected inborn error of metabolism
Acylglycines, Quantitative Panel, Urine	Result is consistent with a known or suspected inborn error of metabolism
Alpha-1 Antitrypsin (AAT) Mutation Analysis	Homozygous positive and positive for z and s
Alpha-Globin Common Mutation Analysis	Positive for 4 alpha globin gene s
Alpha-Globin Gene Deletion or Duplication	Deletion of 4 alpha globin genes
Amino acid, Limited	Result is consistent with a known or suspected inborn error of metabolism
Amino acid, plasma	Result is consistent with a known or suspected inborn error of metabolism
Amino acid, urine	Result is consistent with a known or suspected inborn error of metabolism
Amniotic fluid open neural tube defect screen	MOM value $\geq 2.0$ MOM
Ashkenazi Jewish Panel (4, 11, or 18 test)	Homozygous, or Compound Heterozygous, or Not Interpretable
Beta Globin Gene Dosage Analysis	Homozygous, or Compound Heterozygous
Beta-Globin Complete	Homozygous, or Compound Heterozygous
Biotinidase	Values $\leq 5.5$ nmol/mL/min
Bloom Syndrome DNA Mutation Analysis	Homozygous, or Compound Heterozygous, or Not Interpretable
CAH (21-Hydroxylase Deficiency) Common Mutations	Homozygous, or Compound Heterozygous
Canavan Disease Mutation Analysis	Not Interpretable
Carnitine	Result is consistent with a known or suspected inborn error of metabolism
Carnitine and acylcarnitine	Result is consistent with a known or suspected inborn error of metabolism
Cystic Fibrosis Gene Deletion or Duplication	Homozygous, or Compound Heterozygous
Cystic Fibrosis Screen	Homozygous, or Compound Heterozygous, Clinically Affected, or Not Interpretable
Cystine	Above 150 mmol/mol creatinine
Cystine 24 hr	Above 1000 umol/24 hrs
Dihydroliipoamide Dehydrogenase Deficiency	Homozygous, or Compound Heterozygous, or Not Interpretable
Dihydropyrimidine Dehydrogenase (DPD) Gene Mutation Analysis	Heterozygous and homozygous positive
Factor V Leiden	Homozygous
Factor XI Mutation Analysis (Ashkenazi Jewish)	Homozygous, or Compound Heterozygous
Familial Dysautonomia Mutation Analysis	Not Interpretable
Familial Hypercholesterolemia	Pathogenic or Likely Pathogenic
Familial Hyperinsulinism	Homozygous, or Compound Heterozygous, or Not Interpretable
Familial Mediterranean Fever Mutation Analysis	Homozygous, or Compound Heterozygous
Fanconi's Anemia DNA Mutation Analysis	Homozygous, or Compound Heterozygous, or Not Interpretable
Galactosemia Mutation Analysis	Homozygous, or Compound Heterozygous
Gaucher Disease, DNA Mutation Analysis	Homozygous, or Compound Heterozygous, or Not Interpretable
Glycogen Storage Disease Type Ia Mutation Analysis	Homozygous, or Compound Heterozygous, or Not Interpretable
Hemophilia A (FACTOR VIII) Inversions	Affected male, Affected female
Joubert Syndrome 2	Not Interpretable
Long Chain Acyl-CoA Dehydrogenase (LCHAD) Mutation Analysis	Homozygous, or Compound Heterozygous
Maple Syrup Disease (MSUD) Mutation Analysis	Homozygous, or Compound Heterozygous, or Not Interpretable



Genomic Services Testing	Priority 2 (office hours, 7 days)	
Analyte	Result	
(Ashkenazi)		
Maternal Serum Biochemical Screening	MSS Screen positive for ONTD, Down syndrome; &/or trisomy 18, or High risk for Down syndrome &/or trisomy 18	
Medium Chain Acyl-CoA Dehydrogenase (MCAD) Mutation Analysis	Homozygous, or Compound Heterozygous	
Mucopolidosis Type IV Mutation Analysis	Not Interpretable	
Nemalin Myopathy	Homozygous, or Compound Heterozygous, or Not Interpretable	
Niemann-Pick Disease Mutation Analysis	Not Interpretable	
Organic acid, comprehensive	Result is consistent with a known or suspected inborn error of metabolism	
Organic acid, limited	Result is consistent with a known or suspected inborn error of metabolism	
Phenylketonuria (PKU) Mutation Analysis	Homozygous, or Compound Heterozygous	
Porphobilinogen	Above 30 mg/g creat (for any age group)	
Porphobilinogen, urine 24 hr	Above 72 mg/24 hr	
Porphyrins, Fractionated, Plasma	Uroporphyrin	Above 20 mcg/L
	Protoporphyrin	Above 40 mcg/L
Porphyrins, Fractionated, Quantitative, 24-Hour urine	Uroporphyrin I	Above 200 mcg/g creat
	Uroporphyrin III	Above 60 mcg/g creat
	Coproporphyrin III	Above 1000 mcg/g creat
Porphyrins, Total, Plasma	Above 50 mcg/L	
Porphyrins, Urine	Uroporphyrin I	Above 200 mcg/g creat
	Uroporphyrin III	Above 60 mcg/g creat
	Coproporphyrin III	Above 600 mcg/g creat
Prothrombin (Factor II) 20210G>A Mutation Analysis	Homozygous positive	
Serum Methylmalonic Acid	≥2,000nmol/L	
SMA Carrier Screen	SMN1 copies = 0	
SMA Diagnostic Test	SMN1 copies = 0	
Tay-Sachs Disease Mutation Analysis	Not Interpretable	
TPMT Genotype	Intermediate metabolizer, poor metabolizer	
Usher Syndrome Type IF	Not Interpretable	
Usher Syndrome Type III	Not Interpretable	
Very Long Chain Fatty Acids	Result is consistent with a known or suspected inborn error of metabolism	
Walker Warburg Syndrome	Not Interpretable	

Pathology / Hematopathology	Priority 1 <i>(called 24 hrs, 7 days)</i>	Priority 2 <i>(office hours, 7 days)</i>
Ordered Test	Interpretation	Interpretation
Gyn Cytology (Pap)		<ul style="list-style-type: none"> <li>• Herpes changes, if pregnancy indicated in LIS</li> <li>• Adenocarcinoma in situ</li> <li>• Suspicious for malignancy</li> <li>• Positive for malignancy**</li> </ul>
Non-Gyn Cytology		<ul style="list-style-type: none"> <li>• Suspicious for malignancy</li> <li>• Positive for malignancy**</li> </ul>
Hematopathology (including Flow Cytometry, FISH, and Molecular)	<p>This section should be customized by the local Laboratory Medical Director to reflect the type of testing done in their facility and the client expectations in their area.</p> <p>It is at the discretion of the pathologist to determine the need to call a clinician 24/7 or during office hours, since the decision may differ when the diagnosis is made via comprehensive testing including tissue and flow and molecular or genetic tests, or if only a subset of these tests are ordered.</p> <ul style="list-style-type: none"> <li>• Initial diagnosis of acute leukemia should minimally be considered a P2.</li> <li>• Initial diagnosis of acute promyelocytic leukemia, or Clinical Impression APL (with either positive or negative findings) should be considered a P1.</li> </ul>	
Tissue Biopsy	<ul style="list-style-type: none"> <li>• Frozen section results</li> <li>• Presence of adipose tissue in an endometrial biopsy</li> </ul>	<ul style="list-style-type: none"> <li>• POC without identifiable placental villi or fetal parts</li> <li>• Suspicious for malignancy**</li> <li>• Positive for malignancy**</li> <li>• Significant unexpected surgical pathology findings as determined by pathologist</li> </ul>
<p><i>** Excluding squamous/basal cell skin carcinomas and/or re-excision of known recently diagnosed malignancy but includes cases in which biopsy is a follow-up to cytology report. It is not intended that pre-malignant conditions such as CIN3, high grade PIN, complex endometrial hyperplasia, etc. be considered "Suspicious for Malignancy" unless the pathologist has made an additional comment to that effect.</i></p> <p><i>It is at the discretion of the pathologist to determine if the findings need to be brought to the clinician's attention after office hours.</i></p>		