Quest Diagnostics Priority Result Reporting Policy (Client Synopsis)

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 approved by the Chief Laboratory Officer or designee. The Priority Result Reporting Policy is in addition to the regular reporting procedure for all test results (such as reports delivered electronically, via fax, or mail).

We will notify the ordering provider or authorized representative of Priority Value(s) for their patients. 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.

Clients may customize (make changes, deletions, or additions) to Priority Values by contacting their sales representative or by calling 866 MYQUEST (866.697.8378) and by signing a request approved by the laboratory medical director or regional medical director. Clients also have the option to receive and acknowledge priority value notifications via a custom Quest Diagnostics application "Quest Lab Alert" or Quanum Lab Service Manager. Providers should contact their sales representative for further information.

It is the ongoing responsibility of the provider to supply Quest Diagnostics with accurate and up-to-date contact information for persons who are authorized to receive Priority Value reports. Providers should contact their sales representative or call 866 MYQUEST (866.697.8378) to update this information.

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 for clients who have selected phone call notifications, 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. Pathology/Hematopathology Priority 2 Values will be called unless customized by the client.

Priority 2 test results for nursing home and hospital facilities who have selected phone call notifications, will be called 24 hours/day and 7 days/week.

Sincerely,

Enrique Terrazas, MD, MS

VP, Chief Laboratory Officer

Priority Value Tables by Testing Department

Chemistry / Special Chemistry	Priority 1 *(called 24 hrs, 7 days)*			Priority 2 *(office hours, 7 days for clients who opt in)*		
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] ** 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.*	All	<40	≥500	All		400–499
Glucose, CSF, [mg/dL]	All	<30				
Glucose-6-Phosphate Dehydrogenase, Quantitative [U/g Hgb]				<2 weeks	<7.0	
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, High Sensitivity (I or T) [ng/L]	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			

Priority Value Tables by Testing Department

Hematology / Coagulation / Urinalysis		Priority 1 *(called 24 hrs, 7 days)*			Priority 2 *(office hours, 7 days for clients who opt in)*		
Analyte		**Age**	**Low**	**High**	**Age**	**Low**	**High**
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	[/uL]	All		>200,000	All	<1,000	100,000 – 200,000
Neutrophils, absolute number	[/uL]	All	<500		All		>30,000
Blasts, absolute number	[/uL]				All		>0 *(new patient)*
Blasts, percentage	[%]	All		≥20%			
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 *P. falciparum* or unspeciated Plasmodium sp. that is possible *P. falciparum*		All	Positive for blood parasites other than *P. falciparum*	
Platelet Count, absolute number	[/uL]	All	<20,000	≥2,000,000			
Partial Thromboplastin Time (aPTT)	[sec.]	All		≥90			
Prothrombin Time - International Normalized Ratio (PT-INR)		All		≥5.0			
ADAMTS13 Activity reflex to Inhibitor (Von Willebrand Factor Protease Cleaving Activity)	[IU/mL]	All	≤0.30				
Coagulation Factor V Inhibitor [Bethesda Unit]]		All		>2			
Coagulation Factor V	[%]	All	<10%				
Coagulation Factor VIII, IX and XI Inhibitor	[Bethesda Unit]	All		>2			
Coagulation Factor XIII, Activity	[%]	All	<20				
Coagulation Factors VIII & IX, Activity	[%]	All	<5				
Coagulation Factor X	[%]	All	<10%				
Coagulation Factor XI	[%]	All	<15%				
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		Positive			
Protein C and S Activity	[%]	< 1 month	<10%				
Von Willebrand Factor Antigen	[%]	All	<10%				

Priority Value Tables by Testing Department

Infectious Agents	Priority 1 *(called 24 hrs, 7 days)*		Priority 2 *(office hours, 7 days for clients who opt in)*	
Analyte	**Age**	**Result**	**Age**	**Result**
Aspergillus galactomannan antigen, serum, CSF or bronchoalveolar lavage	All	Detected CSF	All	Detected
Bacillus anthracis, culture	All	Positive		
Bordetella pertussis, culture, or nucleic acid detection			All	Positive
Bordetella parapertussis, culture, or nucleic acid detection			All	Positive
Brucella sp., culture	All	Positive		
Burkholderia (mallei or pseudomallei) culture	All	Positive		
California Encephalitis virus IgM (Serum, CSF)			All	Detected
Campylobacter sp. culture, antigen, or nucleic acid detection			All	Detected or Isolated
Chlamydia trachomatis, culture, nucleic acid			<13 y	Positive
Clostridium difficile 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
Corynebacterium diphtheriae, culture	All	Positive		
Cryptococcus antigen, serum or CSF	All	Detected		
Coxiella burnetti nucleic acid detection	All	Detected		
Culture (Any type): blood, CSF, any tissue, or sterile body fluid (excluding urine and *H. pylori* from tissue biopsy)	All	PRELIM: positive any organism	All	FINAL: positive any organism
Cytomegalovirus,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, Herpes Simplex Virus	<4 mos	Positive		
Eastern Equine Encephalitis virus IgM (Serum, CSF)			All	Detected
E coli O157, culture, stool			All	Positive
Enterobacteriaceae isolates (other than Proteus, Providencia and Morganella)			All	Resistant to any Carbapenem
Francisella tularensis, culture	All	Positive		
Gram or other stain of direct specimen or antigen detection (blood, CSF, sterile tissue, or body fluids)	All	Positive or 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 and HIV qualitative NAAT: no call)

Priority Value Tables by Testing Department

Infectious Agents	Priority 1 *(called 24 hrs, 7 days)*		Priority 2 *(office hours, 7 days for clients who opt in)*	
Analyte	**Age**	**Result**	**Age**	**Result**
Histoplasma, *Blastomyces*, *Coccidiodes*, *Paracoccidiodes*, *Cryptoccocus* species, or *Candida auris* isolated and/or detected by microscopy, antigen, or nucleic acid detection	All	Positive on blood or CSF	All	Positive
Legionella sp., culture, nucleic acid, or antigen test			All	Positive
Malaria parasites or other blood parasites (e.g., *Babesia*, *Trypanosomes,* etc.) Antigen or nucleic acid detection, or microscopy	All	Positive for *P. falciparum* or unspeciated Plasmodium sp. that is possible *P. falciparum*	All	Positive for blood parasites other than *P. falciparum*
Measles virus (Rubeola) (nucleic acid detection)	All	Detected		
Measles IgM (antibody)	All	Positive		
Monkeypox Virus and/or Orthopoxvirus nucleic acid detection			All	Positive
MRSA Culture or nucleic acid detection			All	Positive or Detected (patients in extended care or hospital setting)
Mucormycosis/Zygomycosis (lung tissue or sinonasal area)	All	Positive		
Mycobacteria stain or direct specimen nucleic acid test for *M tuberculosis*, initial detection			All	Positive
Mycobacteria culture, all sp., initial detection and final identification			All	Positive
Mycobacteria tuberculosis, susceptibilities, resistant to 2 or more drugs			All	Resistant ≥2
Neisseria gonorrhoeae, culture or nucleic acid detection			<13y	Positive
Nocardia species			All	Positive
Norovirus – Antigen or nucleic acid detection			All	Positive
Pneumocystis jiroveci (carinii), stain, antigen, or nucleic acid detection			All	Positive
Respiratory syncytial virus (RSV), culture, antigen, or nucleic acid detection			≤3 y	Positive
Rotavirus, antigen, or nucleic acid detection			All	Positive
Salmonella sp. culture, or nucleic acid detection			All	Detected or Isolated
Shiga Toxin, EIA or nucleic acid detection			All	Detected
Shigella sp., culture, antigen, or nucleic acid detection			All	Detected or Isolated
Streptococcus, Group B, culture or nucleic acid detection			<1 y	Positive
Ureaplasma urealyticum, culture, respiratory			<1 y	Positive
Vancomycin Intermediate or Resistant *Staphylococcus aureus* (VISA or VRSA)			All	Vancomycin I or R
Vancomycin Resistant Enterococcus (VRE) culture or nucleic acid detection			All	Detected
Vibrio sp., culture or nucleic acid detection			All	Detected or Isolated
West Nile virus IgM, CSF	All	Positive		
Yersinia sp., non-pestis, culture, or nucleic acid detection			All	Detected or Isolated

Infectious Agents	Priority 1 *(called 24 hrs, 7 days)*		Priority 2 *(office hours, 7 days for clients who opt in)*	
Analyte	**Age**	**Result**	**Age**	**Result**
Yersinia pestis, (Plague) culture	All	Positive		

Priority Value Tables by Testing Department

TDM / Toxicology		Priority 1 *(called 24 hrs, 7 days)*			Priority 2 *(office hours, 7 days for clients who opt in)*		
Analyte		**Age**	**Low**	**High**	**Age**	**Low**	**High**
Acetaminophen	[mg/L]	All		≥150			
Acetone	[ng/dL]	All		≥50			
Alprazolam	[mg/L]	All		≥100			
Amikacin, peak	[mg/L]	All		>30			
Amikacin, trough	[mg/L]	All		>10			
Amitriptyline + Nortriptyline, total	[mcg/L]	All		>500 for Amitrip, >500 for Nortrip			
Butalbital	[mg/L]	All		>10.0			
Cadmium, 24hr urine	[mcg/L]	All		>10.0			
Cadmium, blood	[mcg/L]	All		≥30.0			
Caffeine	[mg/L]	All		≥50.0			
Carbamazepine, total	[mg/L]	All		≥20.0			
Carboxyhemoglobin	[% of total Hgb]	All		≥20			
Chlorpromazine	[ng/mL]	All		≥750			
Clomipramine and Metabolite, total	[ng/mL]	All		≥600			
Clonazepam	[mcg/L]	All		≥80			
Clozapine	[ng/mL]	All		≥900			
Cobalt, blood	[mcg/L]	All		≥400			
Cyanide	[mg/L]	All		≥1.0			
Cyclosporine, trough	[mcg/L]	All		≥600			
Desethylamiodarone	[mcg/mL]	All		>2.5			
Desipramine	[mcg/L]	All		≥600			
Diazepam and Nordiazepam, total	[mg/L]	All		≥3.0			
Digoxin	[mcg/L]	All		≥2.5			
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			
Gentamicin, peak	[mg/L]	All		>12			
Gentamicin, trough	[mg/L]	All		>2			
Imipramine or Desipramine, total	[mcg/L]	All		≥600			
Isopropanol	[mg/dL]	All		≥50			
Lead, blood	[mcg/dL]	<18 y		≥45.0			
Lidocaine	[mg/L]	All		≥6.0			
Lithium	[mmol/L]	All		≥1.5			
Meconium Drug Testing (confirmation)		All		Positive			
Mercury, urine, 24 hr	[mcg/L]	All		≥150			
Methanol	[mg/dL]	All		≥5			
Methotrexate at 24 h	[µmol/L]	All		≥5.00			
Methsuximide, as Normethsuximide	[mg/L]	All		>40.0			

Priority Value Tables by Testing Department

TDM / Toxicology		Priority 1 *(called 24 hrs, 7 days)*			Priority 2 *(office hours, 7 days for clients who opt in)*		
Analyte		**Age**	**Low**	**High**	**Age**	**Low**	**High**
Mycophenolic Acid	[mcg/mL]	All	<0.5				
Nortriptyline	[mcg/L]	All		≥500			
Phenobarbital	[mg/L]	All		≥60.0			
Phenytoin	[mg/L]	All		≥40.0			
Phenytoin, free	[mg/L]	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		≥6.0			
Salicylates	[mg/L]	All		≥400			
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		>20.0			
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		>30.0			

Priority Value Tables by Testing Department

Genomic Services Testing	Priority 2 *(office hours, 7 days for clients who opt in)*
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
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 ≥ 2.0 MOM
Biotinidase	Values ≤5.5 nmol/mL/min
Carnitine, Free	Free carnitine ≤ 5 umol/L
Carnitine and acylcarnitine	Result is consistent with a known or suspected inborn error of metabolism
Cystine	Above 150 mmol/mol creatinine
Cystine 24 hr	Above 1000 umol/24 hrs
Maternal Serum Biochemical Screening	MSS Screen positive for ONTD, Down syndrome; &/or trisomy 18, or High risk for Down syndrome &/or trisomy 18
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
Porphobilinogen	0-18 yr-old: above 3.6 mg/g creat More than 18 yr old: above 2.2 mg/g creat
Porphobilinogen, urine 24 hr	Above 3.4 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
Serum Methylmalonic Acid	≥2,000nmol/L
Very Long Chain Fatty Acids	Result is consistent with a known or suspected inborn error of metabolism

Priority Value Tables by Testing Department

Pathology / Hematopathology	**Priority 1** *(called 24 hrs, 7 days)*	**Priority 2** *(office hours, 7 days for all clients unless modified via custom request)*
Ordered Test	**Interpretation**	**Interpretation**
Gyn Cytology (Pap)		• Herpes changes, if pregnancy indicated on requisition • Adenocarcinoma in situ • Suspicious for malignancy • Positive for malignancy**
Non–Gyn Cytology		• Suspicious for malignancy • Positive for malignancy**
Hematopathology (including Flow Cytometry, FISH, and Molecular)	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. 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 is ordered. • Initial diagnosis of acute leukemia should minimally be considered a P2. • Initial diagnosis of acute promyelocytic leukemia, or Clinical Impression APL (with either positive or negative findings) should be considered a P1.	
Tissue Biopsy	• Frozen section results • Presence of adipose tissue in an endometrial biopsy	• POC without identifiable placental villi or fetal parts • Suspicious for malignancy** • Positive for malignancy** • Significant unexpected surgical pathology findings as determined by pathologist

** *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.*
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.