

Laboratory Testing Available for STAT Priority Testing

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STAT testing not performed at a community site within Central Zone is sent to the QEII Site for analysis. Any test requested STAT that is not on the STAT Tests list must be approved by the Laboratory Service Chief or designate.

*Toxicology tests may be ordered STAT upon approval by the laboratory physician or scientist on call.

ANATOMICAL PATHOLOGY STAT TESTS	VGH Site	HI Site	CCHC Site	DGH Site	ESMH Site	HCH Site	MVMH Site	TOMH Site
1.0 Routine								
1.1 Frozen Sections	Yes	Yes	No	Yes	No	No	No	No

BLOOD TRANSFUSION SERVICE STAT TESTS	VGH Site	HI Site	CCHC Site	DGH Site	ESMH Site	HCH Site	MVMH Site	TOMH Site
1.0 Core								
1.1 ABORh	Yes	Yes	No	Yes	No	Yes	No	No
1.2 Type and Screen	Yes	Yes	No	Yes	No	Yes	No	No
1.3 Crossmatch	Yes	Yes	No	Yes	No	Yes	No	No
1.4 Transfusion Reaction	Yes	Yes	No	Yes	No	Yes	No	No
2.0 Unmatched/Urgent Product Requests								
2.1 Unmatched blood	Yes	Yes	Yes	Yes	Yes	Yes	No	No
2.2 Thawed plasma	Yes	Yes	No	Yes	No	Yes	No	No
2.0 Unmatched/Urgent Product Requests								
2.3 Platelets – Buffy Coat or Apheresis	Yes	Yes	No	Yes	No	Yes	No	No
2.4 Cryoprecipitate – thawed and pooled	Yes	Yes	No	Yes	No	No	No	No

CHEMISTRY STAT TESTS	VGH Site	HI Site	CCHC Site	DGH Site	ESMH Site	HCH Site	MVMH Site	TOMH Site
1.0 Core								
1.1 Acetaminophen	No	Yes	Yes	Yes	No	Yes	No	No
1.2 Ammonia	Yes	Yes	No	Yes	No	No	No	No
1.3 Amylase	Yes	Yes	Yes	Yes	POCT	Yes	POCT	POCT
1.4 Blood Gas	Yes	Yes	Yes	Yes	No	Yes	No	No

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CHEMISTRY STAT TESTS	VGH Site	HI Site	CCHC Site	DGH Site	ESMH Site	HCH Site	MVMH Site	TOMH Site
1.5 Calcium	Yes	Yes	Yes	Yes	No	Yes	No	No
1.6 Carbamazepine	No	Yes	Yes	Yes	No	No	No	No
1.7 Creatine Kinase	Yes	Yes	Yes	Yes	No	Yes	No	No
1.8 Creatinine	Yes	Yes	Yes	Yes	POCT	Yes	POCT	POCT
1.9 Digoxin	No	Yes	Yes	Yes	No	Yes	No	No
1.10 Electrolytes (Plasma)	Yes	Yes	Yes	Yes	POCT	Yes	POCT	POCT
1.11 Electrolytes (Urine)	Yes	No	No	Yes	No	Yes	No	No
1.12 Ethyl Alcohol	No	Yes	Yes	Yes	No	Yes	No	No
1.13 Glucose	Yes	Yes	Yes	Yes	POCT	Yes	POCT	POCT
1.14 HCG (Qualitative)	Yes	Yes	Yes	Yes	POCT	Yes	POCT	POCT
1.15 HCG (Quantitative)	Yes	Yes	Yes	Yes	No	Yes	No	No
1.16 Ionized Calcium	Yes	Yes	Yes	Yes	Yes	Yes	No	No
1.17 Ketones	No	Yes	Yes	Yes	No	No	No	No
1.18 Lactate	Yes	Yes	Yes	Yes	No	Yes	No	No
1.19 Lipase	Yes	Yes	Yes	Yes	No	Yes	No	No
1.20 Lithium	No	Yes	Yes	Yes	No	Yes	No	No
1.21 Magnesium	Yes	Yes	Yes	Yes	No	Yes	No	No
1.22 Methotrexate	Yes	No	No	No	No	No	No	No
1.23 Osmolality (plasma and urine)	Yes	Yes	No	No	No	No	No	No
1.24 Phenobarbital	No	Yes	No	No	No	No	No	No
1.25 Phenytoin	No	Yes	Yes	Yes	No	Yes	No	No
1.26 Salicylate	No	Yes	Yes	Yes	No	Yes	No	No
1.27 Synovial Fluid Analysis	Yes	No	No	No	No	No	No	No
1.28 Theophylline	No	Yes	No	No	No	No	No	No
1.29 Troponin T	Yes	Yes	Yes	Yes	POCT	Yes	POCT	POCT
1.30 Urea	Yes	Yes	Yes	Yes	No	Yes	No	No

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CHEMISTRY STAT TESTS	VGH Site	HI Site	CCHC Site	DGH Site	ESMH Site	HCH Site	MVMH Site	TOMH Site
2.0 Toxicology								
2.1 Cyclosporin	No	No	No	No	No	No	No	No
2.2 Ethylene Glycol/Glycolic Acid	*Yes	No	No	No	No	No	No	No
2.3 Isopropanol	*Yes	No	No	No	No	No	No	No
2.4 Methanol/Formic Acid	*Yes	No	No	No	No	No	No	No
2.6 Sirolimus	No	No	No	No	No	No	No	No
2.7 Tacrolimus	No	No	No	No	No	No	No	No
2.8 Urine Drug Screen	No	No	No	No	No	No	No	No

HEMATOLOGY STAT TESTS								
CORE LAB								
1.30 Profiles (CBC)	Yes	Yes	Yes	Yes	POCT	Yes	POCT	POCT
1.32 Automated Differential	Yes	Yes	Yes	Yes	POCT	Yes	POCT	POCT
1.33 INR	Yes	Yes	Yes	Yes	POCT	Yes	POCT	POCT
1.34 aPTT	Yes	Yes	Yes	Yes	No	Yes	No	No
1.35 Thrombin Time	Yes	No	No	No	No	No	No	No
1.36 Fibrinogen	Yes	Yes	No	No	No	No	No	No
1.37 D-Dimer	Yes	Yes	Yes	Yes	No	Yes	No	No

MICROBIOLOGY STAT TESTS	VGH Site	HI Site	CCHC Site	DGH Site	ESMH Site	HCH Site	MVMH Site	TOMH Site
1.0 STAT								
1.1 Gram stain of specimens obtained in the OR and from other areas where there is a request for a rapid TAT by the physician and in agreement with a director.	Yes	No	No	No	No	No	No	No
2.0 STATS (Expedited delivery to the laboratory and subject to after-hours call back)								
2.1 Specimen obtained in the OR and deemed critical by the physician	Yes	No	No	No	No	No	No	No
2.2 CSF Gram stain, when approved by the Director	Yes	No	No	No	No	No	No	No
2.3 Intraocular specimens Gram stain	Yes	No	No	No	No	No	No	No
2.4 Transplant serology requested by transplant coordinator	Yes	No	No	No	No	No	No	No