

APEX CRITICAL RANGES TO BE CALLED IN				DR. DESIRED RANGE		Intervention Values Regardless of Modified Values, Apex will Always Call
TEST NAME	LESS THAN	GREATER THAN	UNITS	LESS THAN	GREATER THAN	
ALK PHOS		300	U/L			
ALT (SGOT)		200	U/L			
AMYLASE		275	U/L			
AST (SGPT)		200	U/L			
AMMONIA		81	UG/DL			>100
BUN		65	MG/DL			
CALCIUM	6.9	11.6	MG/DL			<6.0_OR_>13
CARBAMAZEPINE (TEGRETOL)	2	25	UG/ML			
CHLORIDE	90	120	MMOL/L			<80_OR_>130
CHOLESTEROL	80		MG/DL			
CO2	15	40	MEQ/L			>45
CREATININE		4.0	MG/DL			
CPK		300	IU/L			
DIGOXIN	0.3	2.2	UG/ML			>6.0
GGTP		150	U/L			
GLUCOSE	50	250	MG/DL			<40_OR_>500
HGB	8	18.2	G/DL			<6
HCT	23	56	%			
LDH		330	U/L			
LIPASE		250	U/L			
LITHIUM	0.4	2.0	MMOL/L			
MAGNESIUM	0.5	4.0	MG/DL			>6.0
MICROBIOLOGY		ALL POSITIVE BLOOD CULTURES				ALL Positives
PHENOBARB	11	45	UG/ML			
PHENYTOIN (DILANTIN)	8.0	23.5	UG/ML			
PHOSPHORUS	1.8	6.0	MG/DL			
PLATELETS	100,000	750,000	MM3			<50
POTASSIUM	2.9	5.6	MMOL/L			<2.0_OR_>6.0
PROTIME		INR > 3.5				>6.0
RBC	2.1	6.4	MM3			
SODIUM	130	153	MMOL/L			<120_OR_>160
T. BILIRUBIN		3.0	MG/DL			
VALPROIC ACID	25	200	UG/ML			
VANCOMYCIN TROUGH		30				
VANCOMYCIN PEAK		50	UG/ML			
WBC	2.5	15	MM3			<1.0_OR_>25

DOCTOR NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

OFFICE ADDRESS & PHONE NUMBER: \_\_\_\_\_


SIGNATURE OF AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVENTION VALUES WILL ALWAYS BE CALLED.

PLEASE NOTE THAT ALL PROTINES WILL BE FAXED TO ORDERING PHYSICIAN/FACILITY REGARDLESS OF RESULTS.

IF YOU WOULD LIKE TO BE CALLED WITH NORMAL RESULTS PLEASE REQUEST "CALL NORMAL" WHEN ORDERING LABS.

PLEASE SIGN THE FORM AND FAX BACK TO: 631-390-0165

<b>For Apex Laboratory use only:</b>			
Received Date: _____	Update to Account Date: _____	Initials: _____	