

**HACKETTSTOWN REGIONAL MEDICAL CENTER
LABORATORY POLICY MANUAL**

STAT TESTING

Effective Date: May 2009
Cross Referenced:
Reviewed Date: 3/1/13
Revised Date: 3/1/13

Policy No: GENLAB 5.05
Origin: General Lab
Authority: Laboratory Director
Page: 1 of 2

PURPOSE

To define tests that will be performed STAT.

POLICY

The following tests will be performed and reported to the physician or nursing unit within one (1) hour of the specimen reaching the laboratory.

BLOOD BANK

ABO and RH
Rhogam Workup
(suspected fetal-maternal hemorrhage only)
Type and Screen
Crossmatch
Fetal Cell Screen

CHEMISTRY

BMP	Albumin	CKMB	Lipase	Total Protein
CMP	ALK Phos	Creatinine	Magnesium	Troponin
Liver Profile	Amylase	Direct Bili	Procalcitonin	Uric Acid
Electrolytes	BUN	Glucose	SGOT	
Neonate Profile	Calcium	Lactic Acid	SGPT	
proBNP	CK	LDH	Total Bili	

COAGULATION

PT
PTT
Fibrinogen
D Dimer

HEMATOLOGY

CBC (with or w/oDiff)
Newborn Retic
CSF Cell Count
ESR

MICROBIOLOGY

Blood Culture (draw only)
Gram Stain
Flu
Rapid Strep
Rapid HIV
RSV
Fetal Fibronectin

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THERAPEUTIC DRUGS

Qualitative Urine Drug Screen	Digoxin	Phenytoin	Valproic Acid
Acetaminophen	Gentamicin	Salicylate	Vancomycin
Carbamazepine	Phenobarbital	Theophylline	

REPRODUCTIVE ENDOCRINOLOGY

Quantitative HCG
Urine Pregnancy Screen
Serum Pregnancy Screen

SEROLOGY

Mono Latex (ER only)
CRP

PATHOLOGY

Frozen Section

**REFERENCE
LAB TESTING**

Lithium

URINALYSIS

Urinalysis