

Test	Phone criteria
Serum Chemistry	
<u>Sodium</u>	<125 or >155 mmol/L If previously <125 mmol/L and >3 mmol/L decrease If previously >155 mmol/L and >3 mmol/L increase If <120 mmol/L email notify pathologist <130 or >147 mmol/L
<u>Potassium</u>	<2.5 and email pathologist >6.5 mmol/L unless form indicates pre-dialysis If previously <2.5 mmol/L and >0.3 decrease If previously >6.5 mmol/L and >0.3 increase >7.0 mmol/L always
<u>Chloride</u>	<80 or > 120 mmol/L
<u>Bicarbonate</u>	<15 or >40 mmol/L
<u>Urea</u>	>40.0 mmol/L and non-renal patient
<u>Creatinine</u>	All and any result indicative of acute renal failure if eGFR <60 ≥17yrs: if creatinine >350 umol/L and not renal or not decreasing and >200 umol/L increase over previous result. <17yr: if creatinine >200 umol/L and not renal or not decreasing and >200 umol/L increase over previous result.
<u>Total Bilirubin</u>	Up to 1 day old ≥150 umol/L Up to 2 days old ≥200 umol/L Up to 3 days old ≥250 umol/L Up to 4 days or older >300 umol/L ≥200 umol/L – adults (day time or following day)
<u>Direct Bilirubin</u>	All neonates ≥25 umol/L (plus email notify chemical pathologist) ≥20 umol/L if ≥6 months old
<u>AST</u>	≥45 if pregnant and first occasion, otherwise fax ≥1000 IU/L non-pregnant and first occasion, otherwise fax
<u>Amylase</u>	If >150 IU/L upward change within 7 days >400 IU/L
<u>Glucose</u>	≤2.5 always >15.0 mmol/L and age <17yrs and not known D.M. >25 mmol/L and HCO ₃ <22 – also give HCO, CRE and K results >35 mmol/L always – also give HCO, CRE and K results
<u>HbA1c:</u>	>120 mmol/mol only if first time and <18yrs.
<u>Calcium</u>	If >0.3 mmol/L change in <30 days (and email pathologist) Adjusted Calcium <1.75 or >3.20 mmol/L
<u>Phosphate</u>	<0.30 mmol/L (day time only or next day)
<u>Magnesium</u>	<0.30 mmol/L first time only (day time only or next day)
<u>CK</u>	>5000 IU/L first time only, otherwise fax If known and <11000 IU/L may phone following day
<u>LDH</u>	All first time >1000 IU/L
<u>Troponin T</u>	>13 ng/L
<u>Triglyceride</u>	>20.0 mmol/L and amylase also elevated
<u>HDL</u>	<0.3 mmol/L (if confirmed at LTA and no previous history)
<u>Iron</u>	>70.0 umol/L and <17 years old
<u>CRP</u>	>100 mg/L if pregnant or <10 years old >200 mg/L
<u>Carbamazepine</u>	>75 umol/L

<u>Phenytoin</u>	>100 umol/L
<u>Valproate</u>	>1000 umol/L
<u>Digoxin</u>	≥2.5 – 3.0 nmol/L if K, MG or CA abnormal
	≥3.0 nmol/L at any post-dose time interval
<u>Lithium</u>	≥1.5 mmol/L if eGFR <65
	≥2.0 mmol/L irrespective of timing
Urine chemistry	
<u>Protein:Creatinine Ratio</u>	If >13 weeks gestation or not stated and ratio ≥30
Endocrine	
<u>Cortisol</u>	<100 nmol/L
Red cell serology	
<u>Direct Coombs test</u> (day time only)	Adults: positive and Hb <70 g/L
	Neonates: all positives
Haemostasis	
<u>INR</u>	'therapeutic' >5.0 (on anticoagulants)
	'normal' <0.8 or >2.0 (not on anticoagulants)
<u>D-Dimer</u>	>500ug/L if ≤50 yrs
	>600ug/L 51-60 yrs
	>700ug/L 61-70 yrs
	>800ug/L 71-80 yrs
	900ug/L >80 yrs
<u>APTT</u>	>50 seconds (if not on anticoagulants)
	>80 seconds (on anticoagulants)
<u>Fibrinogen</u>	<1.0 g/L
Haematology	
<u>Hb</u>	<80g/L or ≥200g/L
	If hypochromic/microcytic, Hb < 70g/L
<u>Neutrophils</u>	<0.5x 10 ⁹ unless on chemo
	>20 x 10 ⁹ /L unless on G-CSF
<u>Platelets</u>	<20 x 10 ⁹ /L
	>1500 x 10 ⁹ /L (Daytime only)