Wake Forest Baptist Medical Center	Action Plan if Test System Inoperable CCL-028	Dept: 324318	Critical Care Labs
		Effective Date:	5/15/2015
		Revised Date:	Feb 2019
		Contact:	Ann Shoffner
Name & Title: Gregory Pomper, MD CLIA Laboratory Director		Date:	2/25/19
Signature: GPom			

1) **General Procedure Statement:**
   a. **Purpose:** To provide staff with action to take if a test system becomes inoperable.
   b. **Responsible Department/Party/Parties:**
      i. Procedure owner: Ann Shoffner
      ii. Procedure: Critical Care Lab (CCL) Staff
      iii. Supervision: Ann Shoffner
      iv. Implementation: Ann Shoffner and Critical Care Lab (CCL) Staff

2) **Procedure:**
   If a test system becomes inoperable refer to the following:
   a. **RapidLab 1265 instrument–** Use a duplicate instrument.
   b. **RapidComm:**
      ICU Lab: Run testing. Call or fax results. Process these samples in RapidComm when back up and running.
      OR Lab: Turn on instrument printing. Print 2 copies of the instrument tapes, one to staple to the requisition and one to hand out to OR staff. Process these samples in RapidComm when back up and running.
   c. **Hemochron ACT instrument** – Use the primary loaner instrument. Perform electronic and liquid QC before performing patient testing. If the primary loaner instrument fails QC, obtain another loaner from the ICU Lab
   d. **Serum HCG Testing** – Refer the sample to the Core Lab for testing.
   e. **iSTAT Creatinine** – Use a duplicate iSTAT instrument. If the issue is cartridge based, try a different lot number of cartridges. If completely unable to perform testing, refer the sample to the Core Lab for creatinine testing.
   f. **Intraoperative IPTH** – The sample may be referred to the Core Lab for testing. However, there is a known bias that occurs between the 2 methods especially when our result is above 200 pg/mL. Our results are expected to be about 20-30% lower than the Core Lab. If we must refer samples to the Core Lab, it would be best to refer all the samples from the case so that results can be more accurately evaluated. If we are inoperable after the case has begun and our lab has resulted the first result, then the Core Lab would need to rerun the samples that we have previously run and our results would need to be corrected and replaced by those obtained the Core Lab.

3) **Related Procedures:**

4) **Attachments:** none

5) **Related CAP Standards:** GEN.43837

6) **References:** none

7) **Review/Revision/Implementation:**
   - Review Cycle: All procedures must be reviewed at least every 2 years.
   - Office of Record: Department of Pathology, Critical Care Laboratory

8) **Previous Revision Date(s):** 5/15, 12/16

9) **Revised/Reviewed Dates and Signatures:**

Reviewed/Revision Date:_____ Signature:_____

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