



## STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT

## Procalcitonin (PCT) Linearity Change

Implementation Date:	02/01/2018 at 10 am		
-	In order to standardize PCT reporting between the Greensboro/Reidsville		
	and Alamance campuses, the laboratories will adjust the analytical		
	measurement range (AMR) to 0.10 – 150.00 ng/mL.		
	Current	Current ARMC	New
	GSO/Reidsville		New
Staff Update:	0.10 - 175.00	0.10 – 154.00	0.10 - 150.00
	This change will allow Sunquest to default results greater than 150.00 ng/mL to >150.00 ng/mL. Currently, both Alamance and GSO/Reidsville must correct results above their current AMR to the correct greater than limit. Automatically defaulting the greater than value will prevent results from being reported outside the AMR.		
STOP Initiator and Contact Number:	Jackie Hobbins, 336-832-839	97	
	Click on the boxes that app	oly:	
	□Alamance Cancer Center		
	⊠Alamance Regional		
Domformation I a settlement	⊠Annie Penn Hospital		
Performing Locations:	⊠Moses Cone Hospital		
	☐ Med Center at High Point		
	□Med Center at Mebane		
	Click on the boxes that app	dv.	
	□Alamance Cancer Center	ny.	
	⊠Alamance Regional		
	⊠Annie Penn Hospital		
Affected Locations:	⊠Moses Cone Hospital		
	☐Med Center at High Point		
	□Med Center at Mebane		
	⊠Wesley Long Hospital		
	⊠Women's Hospital		

Affected Departments:	Blood Bank Cytology Flow Cytometry Histology Phlebotomy Point of Care Rapid Response Lab Respiratory Therapy Specimen Processing	
Specimen Type:	Lithium heparin	
Updated Clinical Lab Procedures:	Greensboro/Reidsville CHEM-0369L-CH Clinical Chemistry Information Sheet  Alamance CHEM-310 Clinical Chemistry Information Sheet COAG-716 Procalcitonin	
Retired Clinical Lab Procedures:	$\sim 1 \text{ N}/\Delta$	
Training/Competency:	Is training required? ☐ Yes ☒ No If yes, enter date complete:  Do training checklists need to be created or updated? ☐ Yes ☒ No If yes, enter date complete:  Do training quizzes need to be created or updated? ☐ Yes ☒ No If yes, enter date complete:  Do competency/direct observation forms need to be created or updated? ☐ Yes ☒ No If yes, enter date complete:	

		Click on the boxes that apply:  ☐ Section Not Applicable ☐ MEC Approval Needed ☐ Alamance ☐ Greensboro/Burlington ☐ Memo Needed	
	Approval and Notification to Client:	Distribution of Memo:  ☐ Medical Staff Services ☐ Alamance ☐ Greensboro/Burlington ☐ #Nursing Leadership (Directors, Asst. Directors, Clinical Nurse Manager) ☐ Pharmacy - Send to Randy Absher, DeAnne Brooks, Jeremy Frens, & Jim Hasspacher ☐ #IM Residents ☐ Infection Prevention Director ☐ Phlebotomy Managers and Supervisors	
	□ Point of Care Department		
	Accreditation Section:	Click on the boxes that apply:  Section Not Applicable  □CAP Test menu change needed  □CMS Analyte form change needed  □Proficiency Testing surveys changes needed or ordered	
Laboratory IT section:		Click box and type needed changes/additions:  □Section Not Applicable  □LIS changes  □Reference range change/addition  ☑Technical Failure change/addition  Change PCT technical limit from 0.10 – 175.00 ng/dL to 0.10 – 150.00 ng/dL in Sunquest  Default results from 150.01 to >200.00 ng/mL as >150.00 ng/mL	
		□Critical Value change/add	

	□Text comments needed	
	□Specimen collection instructions	
	□Need to monitor TAT	
	□CPT code for tests(s)	
Post Implementation Tasks, Assignments, and Due Dates	QA Department will attach screenshot of MIQ 19 for PCT showing updated technical limit on day of go live (02/01/2018).	
Alamance Medical	Quality Department will obtain signature:	
Director	John B. Kulm 1/25/18	
Signature/Date:	1/10/13. Mm 1/52 1.8	
MedCenter Mebane		
Medical Director	Not applicable	
Signature/Date:		
Greensboro/Reidsville	Quality Department will obtain signature:	
Medical Director	1 Pt 1 NO 1/- 9/18	
Signature/Date:	plu Patrul, W) 1/29/18	
Post Implementation	Post Implementation Tasks Complete and Acceptable	
Complete	Date:	
QA Department Signature:(Completed by QA (Attach evidence of completion)		
Department before filing)	(Attach evidence of completion)	