**Chemistry Update 12/13/2022**

**Hospital Updates**

While it is sometimes difficult to keep up with general hospital news, please make every effort to do so. Keeping email updates in a specific folder is helpful so you can find things easily. Please ask if you need help setting this up in your email.

**Chemistry Updates**

**Please remember:**

1. In the event that we are low on product for the instruments:

You may NOT assume that we will just send testing to EMCP. This decision must be run by me, Allan or another supervisor. We only send what we absolutely must.

Abbott orders are placed the first few days of the month. There is a 3-step approval process, this may take days. The order info is on the clipboard that we are using to order and receive products, so you can tell from there if/when the item was ordered.

1. We are still monitoring AM specimen completion time. Please put the

specimens on the analyzers ASAP. We are not meeting the expected TAT for

these specimens.

1. Please put inventory cards back in the hanging file when you receive a product; do not leave it on the door.
2. Do NOT use the packing slips provided by Abbott to log what is being received. Place these on my door. Do not write on them. A copy of the ordering sheets will be left on my door and the # of items received will be logged there.

Please do not put any packing slips on the Abbott clipboard that are not Abbott.

1. Allan is **not** the only Tech who can take responsibility for CAP specimens. Please don’t let them sit if he or I are not here.
2. If you get an HbA1c with reflex to Glycomark – **you must order the glycomark**. **It is ordered only if the HbA1c is. >/=6.5 and <=8.0**
3. When running fluids, remember that only CSF has it’s own reagent and is reported as mg/dL. **Body fluids are gm/dL and are run as serum,** not urine tests. A fluid albumin was recently run as a urine microalbumin and the protein as a UPRO.