

DATE:	17 March 2025
TO:	All Zones: All Healthcare Professionals and Providers
FROM:	Alberta Precision Laboratories (APL)
RE:	New Provincial Stat List for Acute Care Facilities

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Message

- Effective March 24, 2025, a single, standardized provincial stat test list will be used at all acute care facilities (Appendix 1).
- A stat test should only be requested when it directly affects patient care in an urgent or medical emergency circumstance.
- If a test is on the new stat list AND ordered stat, collection/testing steps are dependent on testing site:
 - If test is offered on-site, then it will be collected and performed stat.
 - If testing is performed at another location, stat transport for specimens may be provided depending on clinical needs, test requested, location of the request and performing site, and pre-arrangement of stat testing within the laboratory.
- If a test is required as stat but **NOT** on the new stat list, prior approval from the laboratory (e.g. microbiologist on-call, clinical biochemist on call) is required. If no approval is obtained by the laboratory, it will be treated as routine.
- Placing an order as stat may lead to stat collection but may not be performed as stat. This depends on whether the test is on the stat list, location of testing, and/or pre-arrangement with the laboratory.

Background

- Previous stat lists and processes for hospitals were zone or site-specific and not standardized, leading to confusion and variable expectations for clinical users provincially.

How this will impact you

- If testing **is** offered on site, stat orders will be collected, processed and tested as stat with an expected turnaround time (TAT) from collection to result verification of 90 minutes.
- If testing **is not** offered on site and stat transport to another site is requested, specimens will be collected as stat at the local laboratory. Stat transport of specimens to the testing site will be based on a case-by-case basis or pre-established workflow in the laboratory.
- The testing process for malaria will remain the same, i.e. stat testing once the sample is received in the laboratory and there is no additional indication to perform as stat is needed.

Action Required

- Be familiar with the new [stat list for acute care facilities](#) and local laboratory contact information.
- Be aware that the performing site for each test can be found in the [APL Test Directory](#)
- If a test is **NOT** on the new acute care facility stat list and clinically requires a rapid TAT (less than 90 minutes from collection to result verification), contact the laboratory for approval and arrangements.



**ALBERTA PRECISION
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Inquiries and feedback may be directed to

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This bulletin has been reviewed and approved by

- Dr. Carolyn O'Hara, Chief Medical Laboratory Officer, APL



Appendix 1: APL Provincial Acute Care Facilities Stat Testing List

- The tests listed below are available on a stat basis without further approval.
- Stat testing of any other test requires approval by the respective laboratory medical/scientific staff. Clinicians may obtain approval as follows:
 - Calgary and Edmonton Zones: use [Regional On Call Application \(ROCA\)](#).
 - Central, North and South Zones: call the General Pathologist or Regional Microbiologist on Call as appropriate through facility switchboard.
- Tests indicated with an asterisk* are available at all acute and urgent care sites. Turnaround time for other tests may be greater than 90 minutes from the time the specimen is collected to the time results are verified if offsite transport is required.

General Chemistry

Alanine Aminotransferase (ALT)
Albumin
Alkaline Phosphatase (ALP)
Ammonia
Bilirubin, Total
Bilirubin, Total and Conjugated
Beta hCG, Quantitative
Beta-Hydroxybutyrate (BOH)
C-Reactive Protein (CRP)
Calcium
Calcium, Ionized
Carbon Dioxide (CO₂)
Carboxyhemoglobin
Chloride (Cl)^{*}
Creatinine*
Creatine Kinase (CK)
Electrolyte Panel*
Gamma Glutamyl Transferase (GGT)
Glucose, Random*
HIV Serology by Rapid Assay BBFE
HIV Serology by Rapid Assay
Iron Overdose
Lactate
Lactate Dehydrogenase (LD)
Lipase
Magnesium
Methemoglobin
B-Natriuretic Peptide
(BNP or NT-ProBNP)
Osmolality
Parathyroid Hormone, Intraoperative
(IOPTH)
Phosphate
Potassium*
Rapid Syphilis and HIV
Sodium*
Total Protein
Triglycerides (For patients
under 4 months of age)

General Chemistry

Troponin
Urate
Urea

Blood Gases

Blood Gas, Arterial
Blood Gas, Venous
Blood Gas, Arterial, Cord
Blood Gas, Venous, Cord
Blood Gas, Capillary
pH Cord Arterial
pH Cord Venous

Fluids

Cell Count, Body Fluid
Cell Count, CSF
Glucose, CSF
Protein, CSF

Therapeutic Drug Monitoring

Carbamazepine
Digoxin
Lithium
Methotrexate Level
Phenobarbital Level
Phenytoin Level, Total
Theophylline Level
Valproate Level

Therapeutic Drug Monitoring Alberta Kidney Care Sites Only

Amikacin Level
Gentamicin Level
Tobramycin Level
Vancomycin Level

Toxicology

Acetaminophen Level
Alcohol Panel (Ethylene Glycol, Methanol,
Isopropanol and Acetone)
Ethanol Level
Salicylate Level

Urine

Creatinine, Urine, Random
Chloride, Urine, Random
Electrolyte Panel, Urine, Random
Osmolality, Urine
Potassium, Urine, Random
Pregnancy Test, Urine
Protein Total, Urine, Random
Sodium, Urine, Random
Urinalysis

Hematology

Anti-Xa Heparin Level
CBC*
CBC and Differential*
D-Dimer
Fibrinogen
Hemoglobin*
Mononucleosis Screen
Partial thromboplastin Time (PTT)
Platelet Count*
INR

Transfusion Medicine

Postnatal Evaluation
RHIG Eligibility, Prenatal
Transfusion Reaction Investigation
Type and Screen

Microbiology

Blood/Body Fluid Exposure
(BBFE) Serology Panel
CSF Culture, Routine
Malaria