

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

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### 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.



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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 (CO<sub>2</sub>)  
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