

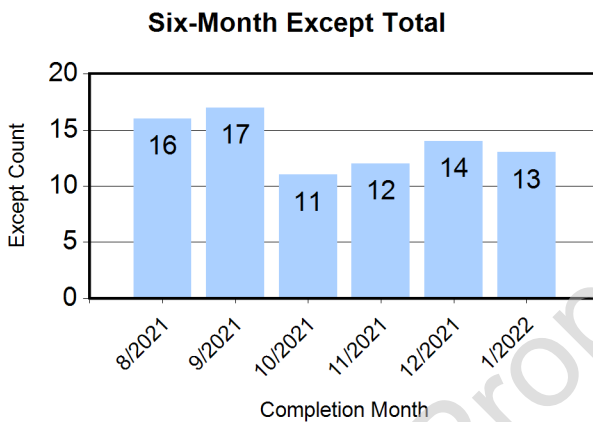
AN ENTERPRISE OF THE UNIVERSITY OF UTAH AND ITS DEPARTMENT OF PATHOLOGY

Client Exception Report Jan 1, 2022–Jan 31, 2022

Excepts Total for

Summary of Jan 1, 2022–Jan 31, 2022
Total Exceptions: 13
Tests Ordered: 1113
Exception Rate: 1.17 %

▼ Decreased from 1.28 % in Dec 2021



Reason for Exception	Dec 2021	Jan 2022	Average* for Comparable Clients
Clarify Media	1	0	0.10
Clarify Patient Demographics	0	1	0.45
Clarify Source and/or Specimen Type	1	1	0.90
Clarify Test	1	0	3.20
Duplicate Order	1	1	1.10
Inappropriate pH	0	1	0.05
Inappropriate Specimen Type	4	2	3.20
Incomplete Information	2	3	1.70
No Specimen	1	1	1.85
Prioritize Testing	0	1	0.20
Quantity Not Sufficient for Repeat Testing	0	1	0.25
Specimen Appearance	2	0	1.60
Stability Exceeded	1	1	6.20
Total:	14	13	

* Monthly average calculated from a large sample of clients with similar test volume

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<u>Client #</u>	<u>Client Name</u>	<u>Account Executive</u>
[REDACTED]	[REDACTED]	[REDACTED]

Clarify Patient Demographics **Count: 1**

Accession	Patient Name	MRN	Draw Date/Time
22-018-126565	[REDACTED]	[REDACTED]	1/18/2022 5:05 PM

Performed Held for clarification of patient date of birth for Maternal Serum Screen, Alpha Fetoprotein. Client verified the correct date of birth as 7/17/1994.

Clarify Source and/or Specimen Type **Count: 1**

Accession	Patient Name	MRN	Draw Date/Time
21-355-120322	[REDACTED]	[REDACTED]	12/21/2021 9:22 AM

Performed Held for clarification of specimen type submitted for Vitamin B1 (Thiamine), Plasma. Client verified specimen type as plasma.

Duplicate Order **Count: 1**

Accession	Patient Name	MRN	Draw Date/Time
22-020-119282	[REDACTED]	[REDACTED]	1/20/2022 10:58 AM

Canceled Held for clarification of possible duplicate order for Beta-2 Microglobulin, Serum or Plasma. Client confirmed order is a duplicate. Client notified of cancellation. Protein Electrophoresis, Serum (ARUP test code 0050640) and Immunoglobulins (IgA, IgG, IgM), Quantitative (ARUP test code 0050630) performed at client's request.

Inappropriate pH **Count: 1**

Accession	Patient Name	MRN	Draw Date/Time
22-011-129788	[REDACTED]	[REDACTED]	1/11/2022 3:16 PM

Canceled The pH of the specimen submitted for Pyruvic Acid was unacceptable for testing (pH received: 7; see ARUP's Test Directory for appropriate specimens and/or collection medium). Client notified of cancellation.

Inappropriate Specimen Type **Count: 2**

Accession	Patient Name	MRN	Draw Date/Time
22-020-126025	[REDACTED]	[REDACTED]	1/20/2022 11:46 AM

Performed Inappropriate specimen type submitted. Client submitted Cervical source for Chlamydia trachomatis and Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA). See ARUP's Test Directory for appropriate specimens and/or collection medium. Client verified specimen type as Vaginal.

22-024-129458	[REDACTED]	[REDACTED]	1/24/2022 11:01 AM
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Performed Inappropriate specimen type submitted. Client submitted APTIMA MultiTest swab sourced as cervical for Chlamydia trachomatis and Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA). See ARUP's Test Directory for appropriate specimens and/or collection medium. Client verified specimen type as vaginal. Corrected from Inapp Spectype [NA] on 01/31/22 7:25:35 MST by [REDACTED]

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<u>Client #</u>	<u>Client Name</u>	<u>Account Executive</u>
[REDACTED]	[REDACTED]	[REDACTED]

Incomplete Information Count: 3

<u>Accession</u>	<u>Patient Name</u>	<u>MRN</u>	<u>Draw Date/Time</u>
22-012-119312	[REDACTED]	[REDACTED]	1/12/2022 10:20 AM
Canceled	Held for clarification of platelet count for Liver Fibrosis, Chronic Viral Hepatitis (Echosens FibroMeter). Platelet count could not be provided. Client notified of cancellation.		
22-014-126008	[REDACTED]	[REDACTED]	1/14/2022 8:35 PM
Performed	Held for clarification of platelet count for Liver Fibrosis, Chronic Viral Hepatitis (Echosens FibroMeter). Client verified platelet count as 249 k/ul.		
22-018-126817	[REDACTED]	[REDACTED]	1/18/2022 2:55 PM
Performed	Held for clarification of platelet count for Liver Fibrosis, Chronic Viral Hepatitis (Echosens FibroMeter). Client verified platelet count as 145 k/ul.		

No Specimen Count: 1

<u>Accession</u>	<u>Patient Name</u>	<u>MRN</u>	<u>Draw Date/Time</u>
22-006-125639	[REDACTED]	[REDACTED]	1/6/2022 1:37 PM
Performed	No specimen received for Thyroglobulin Antibody Requested specimen received at ARUP.		

Prioritize Testing Count: 1

<u>Accession</u>	<u>Patient Name</u>	<u>MRN</u>	<u>Draw Date/Time</u>
22-011-129787	[REDACTED]	[REDACTED]	1/11/2022 3:16 PM
Performed	Acylcarnitine Quantitative Profile, Plasma and Amino Acids Quantitative by LC-MS/MS, Plasma require multiple frozen/sterile specimens. Single specimen submitted. ARUP will attempt testing on single specimen.		

Quantity Not Sufficient for Repeat Testing Count: 1

<u>Accession</u>	<u>Patient Name</u>	<u>MRN</u>	<u>Draw Date/Time</u>
21-358-107926	[REDACTED]	[REDACTED]	12/24/2021 10:00 AM
Canceled	Specimen quantity was insufficient to repeat Renin Activity (no additional suitable specimen available; see ARUP's Test Directory for appropriate specimen volume requirements). Client notified of cancellation.		

Stability Exceeded Count: 1

<u>Accession</u>	<u>Patient Name</u>	<u>MRN</u>	<u>Draw Date/Time</u>
22-021-126992	[REDACTED]	[REDACTED]	1/21/2022 9:33 PM
Canceled	Specimen has exceeded unpreserved stability limits for Chlamydia trachomatis and Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA). Test requires urine to be in APTIMA Combo 2 Assay transport media within 24 hours of collection. Client notified of cancellation. Specimen returned at client request.		

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