

# When to Call the Lab Directors at Lab2Doctors: A Clinical Decision Tree

A Lab2Doctors Quick-Reference Guide for Clinicians, Nurses, Caregivers and Laboratory Staff

*Precision in Every Result*

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## Purpose

This decision tree is designed to help frontline clinicians, nurses, caregivers, and laboratory staff determine when a situation warrants escalation to the Lab Director. Not every unexpected result requires a call — but some absolutely do. This guide provides a structured, stepwise pathway to make that determination quickly and confidently. By following the branches below, you can systematically rule out common causes, identify true anomalies, and ensure that every escalation is purposeful, well-documented, and clinically sound.

## The Decision Tree

Follow each branch sequentially. At each decision point, evaluate the criteria and proceed along the appropriate path.



**NO → No action needed. Continue routine workflow.**

**YES → Proceed to Branch A below.**

## Branch A — Critical Value Assessment

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**YES ↓ ⚠ IMMEDIATE ACTION REQUIRED** Follow critical value notification protocol. If the critical value is confirmed and clinically unexplained: → **CONTACT Lab2Doctors LAB DIRECTORS**

**NO → This is not a critical value. Proceed to Branch B.**

## Branch B — Clinical Correlation

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**YES ↓ ✓ No Call Needed** Result is likely valid. Document and proceed with clinical care.

**NO → Result does not match clinical picture. Proceed to Branch C.**

## Branch C — Pre-Analytical Issues

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### Check for the following:

- Hemolysis in the specimen?
- Wrong tube type used?

- Mislabeled specimen?
- Patient was non-fasting when fasting was required?
- Transport delay or improper storage temperature?

**ISSUE FOUND** ↓ Request recollection. If the repeat result is still discordant: → Contact Lab2Doctors LAB DIRECTORS.

**NO ISSUE FOUND** → Pre-analytical phase cleared. Proceed to Branch D.

## Branch D — Analytical Interference

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### Check for the following:

- Biotin supplements?
- Heterophilic antibodies?
- Rheumatoid factor interference?
- Lipemia?
- Drug interference (e.g., immunosuppressants, anticoagulants)?

**YES — INTERFERENCE SUSPECTED** ↓ Request alternate method or interference mitigation. If result remains unexplained: → Contact Lab2Doctors LAB DIRECTORS

**NO** → No analytical interference identified. Proceed to Branch E.

## Branch E — Post-Analytical Concerns

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### Check for the following:

- Wrong reference range applied?
- Transcription error in reported value?
- Delta check flag triggered?
- Missing interpretive comment?

**YES — CONCERN IDENTIFIED** ↓ Request correction and amended report. If a systemic issue is suspected: → Contact Lab2Doctors LAB DIRECTORS.

**NO** → Post-analytical phase cleared. Proceed to Branch F.

## Branch F — All Phases Checked

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**ALL PHASES CHECKED — RESULT REMAINS UNEXPLAINED** → Contact Lab2Doctors LAB DIRECTOR FOR EXPERT CONSULTATION Provide: patient demographics, clinical context, specific result in question, and what you have already ruled out.

## When to ALWAYS Call the Lab Director

The following situations **always** warrant an immediate call to the Lab Director, regardless of where you are in the decision tree:

### ⚠ IMMEDIATE ESCALATION — ALWAYS CALL

1

Suspected

specimen tampering

or chain-of-custody breach

2

Possible

patient misidentification

affecting multiple results

3

Instrument malfunction

affecting a batch of patient results

4

Discordant results

between two methodologies on the same analyte

5

Suspected

contamination

of reagents or collection supplies

6

Any result that, if acted upon, could cause  
serious patient harm

7

Cluster of unexpected results  
from the same unit, shift, or collection site

8

Regulatory or compliance concern  
(e.g., proficiency testing failure, CLIA violation)

## How to Call the Lab Director — Best Practices

When you reach a decision point that requires calling the Lab Director, follow these steps to ensure a productive and efficient conversation:

1. **Identify yourself.** State your name, role, and unit or department. Example: *"This is Sarah Chen, RN, calling from the ICU on 4 East."*
2. **State the patient case briefly.** Provide a concise clinical summary. Example: *"I have a 62-year-old male with no cardiac history whose troponin came back at 4.2 ng/mL."*
3. **Describe what you have already checked.** Walk through the pre-analytical, analytical, and post-analytical steps you have completed so the Lab Director knows where your investigation stands.
4. **Ask a specific question.** Be direct: *"Could this be a biotin interference?"* is far more actionable than *"Something seems wrong."*
5. **Document the call.** Record the date, time, Lab Director's name, and the agreed-upon action plan in the patient record and your department's escalation log.

 **Tip**

Preparing your information before calling saves time and leads to faster resolution. Have the patient's DOB, the specific test result, and your checklist findings ready before you dial.

## Documentation & Accountability Log

Use the table below to document each escalation event. Print this page for use as a physical log or replicate the format in your department's electronic tracking system.