URGENT: CRITICAL HEMATOLOGY RESULTS

Date: [Date]

Time: [Time]

To: [Attending Physician/Provider Name]
Facility: [Clinic/Hospital Name]
Fax/Email: [Contact Information]

Patient Information:
Name: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Critical Lab Values:

- Test Name: [Test Name] - Result: [Value] [Units] (Ref Range: [Range])
- Test Name: [Test Name] - Result: [Value] [Units] (Ref Range: [Range])

Action Required:
These results have reached a critical panic level. Immediate clinical evaluation and intervention are required. Please acknowledge receipt of this notification and document the action plan in the patient's medical record.

Reported By:
Name/Title: [Laboratory Professional Name]
Department: Hematology Laboratory
Phone: [Phone Number]

Acknowledgment of Receipt:
Name of person receiving results: _____
Date/Time of Receipt: _____