

The sample was taken on 9/4/2016 and was submitted to Liverpool on 11/4/2016. The sample was analysed within a batch of similar samples on 13/4/2016. If a sample is requested on an urgent basis then they can be tested individually, there is no record of an urgent request to expediate the testing in this case.

The samples are tested within the laboratory by a Biomedical Scientist. The results are then technically validated which tests the accuracy of the sample/testing machinery and the result.

The results then come through to me for review on 14/04/2016.

Having referred to document AM/3 today, I can the results showed a C-Peptide level of 264 pmol/L, and Insulin of 158.4 mu-L or 1099 pmol/L.

I reviewed these results and noted that the request form stated 'Hypoglycemia'. There was no detail on the request form of blood/glucose level at the time of the sample collected. To enable full interpretation of the results a blood/glucose level at the time of collection would be required.

Having reviewed the Insulin figure of 158.4, I considered that if the sample had been collected during a period of hypoglycaemia then this Insulin value would have been inappropriately high. Due to this I decided to telephone the results to the Biochemistry Lab at Chester rather than leave the reporting solely to the electronic system and a paper copy being sent. There may have a clinical need for these results to be acted more quickly.

Document AM/4 is an electronic record of the telephone call I made to the Chester Lab. This is standard practice for any verbally communicated results. AM/4 details a call made 09:38 on 14/04/2016 to Shirley Bowles. On this record is a section for advice and information that is given during the phone call. I have recorded this advice as ' Difficult to interpret without concurrent glucose but may be inappropriate if patient was hypoglycemic at the time of collection.' This is a summary of the telephone conversation.

The reason I decided to telephone the results was to inform the lab at Chester so they could assess the patient armed with these results alongside their knowledge of the patients hypoglycaemia and blood/ glucose levels.

Signature: SARAH LOUISE DAVIES
2023

Signature witnessed by: