

Supplementary Table S1 Weekly critical value alert data for clinical action feedback collection

Department of Biochemistry Critical Value Data From / /to/ /									
S S.no.	Sample receiving date	Patient Name age/ sex/reg.no	Ward/ICU/emergency	Critical value	Reporting date/time/informed person	Action taken by clinical team	Feedback/remark	Name & signature of Clinician	
Kindly submit by //		HO.D Neurology H.O.D Neurosurgery H.O.D Psychiatry H.O.D Biochemistry							