

Reporting Title: Peripheral Smear Interpretation**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**Specimen Requirements:**

| Specimen Type | Temperature | Time | Special Container |
|------------------|---------------------|------|-------------------|
| Whole Blood EDTA | Ambient (preferred) | | |
| | Refrigerated | | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|------------------------------------|--------------|------|-----------------|
| 71442 | Participated in the Interpretation | Alphanumeric | | No LOINC Needed |
| 71443 | Report electronically signed by | Alphanumeric | | 19139-5 |
| 71447 | Interpretation | Alphanumeric | | 14869-2 |
| 71832 | Case Number | Alphanumeric | | 80398-1 |

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

85060

Reflex Tests:

| Test Id | Reporting Name | CPT Units | CPT Code | Always Performed | Available Separately |
|---------|------------------|-----------|----------|------------------|----------------------|
| PBPC | Peripheral Blood | 1 | 85060 | Yes | No, (Bill Only) |

Reference Values:

Only orderable as a reflex. For more information see SPSM / Morphology Evaluation (Special Smear), Blood.

An interpretive report will be provided.