Overview

Useful For
Detecting disease states or syndromes of the white blood cells, red blood cells, or platelet cell lines of a patient's peripheral blood

Profile Information

<table>
<thead>
<tr>
<th>Test ID</th>
<th>Reporting Name</th>
<th>Available Separately</th>
<th>Always Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIFFS</td>
<td>Morphology Eval (Special Smear)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>SPSM_</td>
<td>Special Smear</td>
<td>No</td>
<td>Yes</td>
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Reflex Tests

<table>
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<tr>
<th>Test ID</th>
<th>Reporting Name</th>
<th>Available Separately</th>
<th>Always Performed</th>
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</thead>
<tbody>
<tr>
<td>PINTP</td>
<td>Peripheral Smear Interpretation</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>CBCN</td>
<td>CBC without Differential</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Testing Algorithm
A peripheral blood smear review is performed by a Hematopathologist, at an additional charge, if clinically abnormal results are identified by microscopic examination.

If patient has not had a CBC in the last 3 days, one will be performed at an additional charge.

Method Name
Manual-Microscopic Examination of Cells

Includes neutrophilic segs/ bands, lymphocytes, monocytes, eosinophils, basophils, erythrocyte morphology, and platelets

NY State Available
Yes

Specimen

Specimen Type
Whole blood

Necessary Information
Clinician should provide indication for performing test.
Specimen Required

Container/Tube: 2 slides

Specimen Volume: 2 unstained, well prepared peripheral blood smears

Collection Instructions: Smears made from blood obtained by either a lavender top (EDTA) tube or finger stick specimen

Specimen Minimum Volume

Smears: 2

Reject Due To

<table>
<thead>
<tr>
<th>Gross hemolysis</th>
<th>Reject</th>
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<tbody>
<tr>
<td>Clotted blood</td>
<td>Reject</td>
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Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole blood</td>
<td>Ambient (preferred)</td>
<td>CARTRIDGE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refrigerated</td>
<td>CARTRIDGE</td>
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Clinical and Interpretive

Clinical Information

Under normal conditions, the morphology and proportion of each blood cell type is fairly consistent in corresponding age groups. The morphology and proportion of each blood cell type may change in various hematologic diseases. Differential leukocyte count and special smear evaluation is helpful in revealing the changes in morphology or proportion of each cell type in the peripheral blood.

Reference Values

1-3 years

Neutrophils/bands: 22-51%
Lymphocytes: 37-73%
Monocytes: 2-11%
Eosinophils: 1-4%
Basophils: 0-2%
Metamyelocytes: 0%
Myelocytes: 0%
4-7 years
Neutrophils/bands: 30-65%
Lymphocytes: 29-65%
Monocytes: 2-11%
Eosinophils: 1-4%
Basophils: 0-2%
Metamyelocytes: 0%
Myelocytes: 0%

8-13 years
Neutrophils/bands: 35-70%
Lymphocytes: 23-53%
Monocytes: 2-11%
Eosinophils: 1-4%
Basophils: 0-2%
Metamyelocytes: 0%
Myelocytes: 0%

Adults
Neutrophils/bands: 50-75%
Lymphocytes: 18-42%
Monocytes: 2-11%
Eosinophils: 1-3%
Basophils: 0-2%
Metamyelocytes: <1%
Myelocytes: <0.5%

An interpretive report will be provided.

**Interpretation**
The laboratory will provide an interpretive report of percentage of white cells and, if appropriate, evaluation of white
cells, red cells, and platelets.

**Cautions**
A poorly prepared peripheral smear may result in less than optimal interpretation.

**Clinical Reference**

**Performance**

**Method Description**
Microscopic examination of a Wright-Giemsa stained smear. (Unpublished Mayo method)

**PDF Report**
No

**Day(s) and Time(s) Test Performed**
Sunday through Saturday; Continuously

**Analytic Time**
1 day

**Maximum Laboratory Time**
1 day

**Specimen Retention Time**
Slides - 1 year

**Performing Laboratory Location**
Rochester

**Fees and Codes**

**Fees**
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

**Test Classification**
This test uses a standard method. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Code Information**
85007

85060-(if appropriate)

85027-(if appropriate)
**Test Definition: SPSM**
Morphology Eval (special smear)

88184-(If appropriate)
88185-(If appropriate)
88187-(if appropriate)
88188-(if appropriate)
88189-(if appropriate)

**LOINC® Information**

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<th>Test ID</th>
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<tr>
<td>SPSM</td>
<td>Morphology Eval (special smear)</td>
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<td>LYMHP</td>
<td>Lymphocytes</td>
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<td>Eosinophils</td>
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<td>BASO</td>
<td>Basophils</td>
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<td>Metamyelocytes</td>
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<tr>
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<tr>
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<td>NUCL</td>
<td>Nucleated RBC</td>
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<td>FRAGC</td>
<td>Fragile Cells</td>
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<td>BL_PR</td>
<td>Blasts and Promonocytes</td>
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<td>MO_PR</td>
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<td>MANC</td>
<td>Manual Absolute Neutrophil Count</td>
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