

## Slide Review Criteria

Parameters Reflexing Smear Review		
	Less than	Greater Than
WBC	3.5 x 10 <sup>3</sup>	30.0 x 10 <sup>3</sup>
Hemoglobin	8.0 g/dL	20.0 g/dL
Hematocrit	22%	55%
Platelet	100 x 10 <sup>3</sup>	800 x 10 <sup>3</sup>
MCV	75 fL	105 fL
MCH	22 pg	37 pg
MCHC	25 g/dL	36.5 g/dL
RBC	2.00 x 10 <sup>6</sup>	8.00 x 10 <sup>6</sup>
MPV	1.5	15
Neutrophil # (IANC)	1.5 x 10 <sup>3</sup>	18.0 x 10 <sup>3</sup>
Lymphocyte # (ABLC)	None	4.5 x 10 <sup>3</sup>
Monocyte # (ABMN)	None	2.0 x 10 <sup>3</sup>
Eosinophil # (ABEOS)	None	2.0 x 10 <sup>3</sup>
Basophil # (ABBAS)	None	0.6 x 10 <sup>3</sup>
Instrument Flags	Variant Lymphs, Blasts, immature neutrophils, nRBC's, abnormal platelets, Giant Platelet, Potential interference with measurements	
Patient Alerts	Patients diagnosed with the following conditions will have alerts added for automatic smear review: Leukemia, Sezary Cell and Hairy Cell Lymphoma, RBC agglutination, Platelet Clumping and other conditions.	
If no parameters in the CBC with auto differential meet the conditions above- the sample autoverifies		



**Slide review by qualified Laboratory Staff**

**Review includes:**

- Confirmation of differential percentages
- WBC and platelet estimates when needed- reflexing manual chamber counts when appropriate
- Full review of RBC morphology
- Comments for toxic changes, RBC inclusions, abnormal lymphs, and other significant findings
- If the differential percentages agree with automated counts and no abnormal cells are seen, the 10,000 cell automated differential is reported with appropriate comments



**If any of the following are seen on slide review, a manual differential is performed**

- **2 or more immature neutrophils**
- **2 or more nRBC's**
- **Disagreement with automated differential**
- **Greater than 50% Band Neutrophils**
- **More than 3 activated Lymphocytes**
- **Abnormal cells (Blasts, Sezary , Hairy, Plasma, Burkitts cells, and more)**



**Laboratory staff will get Pathology review for the following:**

- **Blasts**
- **New Abnormal Lymphocytes and Monocytes**
- **Schistocytes >3 per HPF**
- **Blood parasites**
- **Certain morphologic abnormalities**
- **Cells that are difficult to identify or any concerns at all**

\* Will have the comment "Peripheral smear reviewed visually" indicating completion of slide review or manual differential .