

QA Review Request – Hematology Smear

For Lab Internal QA Review Only – NOT for patient reporting purposes
Do NOT use this form for "Peripheral Smear for Pathologist Review"

Avera McKennan Regional Lab Instructions:

- 1. Transport to:** Pathology Secretary in Pathology.
- 2. Path Secretary:** Register patient, order specimen – document that you received and who you gave the slide to.
- 3. Path Secretary:** Give slide and forms to the Pathologist on CP.
- 4. Path Secretary:** Return signed form and slide to client, along with a new kit.

Specimen Collection Date/Time: _____ **Tech:** _____

Patient Name: _____ **Pt Number:** _____

DOB: _____ **SSN:** _____ **Facility/Location:** _____

QA Reason Smear Review Is Requested (check appropriate box):

- Hemoglobin < 6 gm/dl or >18 gm/dl
- Platelet count <20,000 /mm³ or >800,000 /mm³
- Lymphocytosis >60% or 70% in children up to 4 years old
- Bands >20%
- Monocytes >15%
- Nucleated Red Cells > 2/100 leukocytes
- WBC <1,000 /mm³ or >30,000 /mm³
- MCV < 60 or >110
- Eosinophils > 15%
- Marked Atypical Lymphs
- Marked Toxic Granulation noted
- Immature cells noted (> 20% bands or any immature WBC form)
- Tech completing has questions (list reason in Other: below)
- Other—Indicate Reason: _____

Pathologist's Comments:

- Agree with report
- Disagree with report, see comments following

Pathologist: _____ Date: _____

Please submit
 blood smear
and
 CBC data
with this form