

Reporting Title: Peripheral Smear Interpretation

Performing Location: Rochester

Specimen Requirements:

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

Container/Tube: Slides

Specimen Volume: 5 Unstained, well-made peripheral blood smears (fingerstick blood)

Collection Instructions: If peripheral blood smears (fingerstick blood) is not available, a smear from EDTA blood will be accepted.

Additional Information: Include complete blood count results (if available) and reason for referral.

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.