

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

Test ID	Reporting Name	Available Separately	Always Performed
DIFFS	Morphology Eval (Special Smear)	No	Yes
SPSM_	Special Smear	No	Yes

Reflex Tests

Test ID	Reporting Name	Available Separately	Always Performed
PINTP	Peripheral Smear Interpretation	No	No
CBCN	CBC without Differential	Yes	No

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

Gross hemolysis	Reject
Clotted blood	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient (preferred)		CARTRIDGE
	Refrigerated		CARTRIDGE

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

Practical Diagnosis of Hematologic Disorders: Fifth Edition. Edited by CR Kjeldsberg. Chicago, IL, American Society of Clinical Pathologists, 2010

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)

88184-(If appropriate)

88185-(If appropriate)

88187-(if appropriate)

88188-(if appropriate)

88189-(if appropriate)

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
SPSM	Morphology Eval (special smear)	14869-2

Result ID	Test Result Name	Result LOINC Value
SEGBA	Neutrophilic Segs and Bands	23761-0
LYMPH	Lymphocytes	737-7
MONOC	Monocytes	744-3
EOS	Eosinophils	714-6
BASO	Basophils	707-0
META	Metamyelocytes	740-1
MYEL	Myelocytes	749-2
PROMY	Promyelocytes	783-1
UBLS	Blasts	709-6
PLSM	Plasma Cells	79426-3
M_KR	Megakaryocytes	19252-6
NUCL	Nucleated RBC	19048-8
FRAGC	Fragile Cells	34992-8
BL_PR	Blasts and Promonocytes	709-6
MO_PR	Monocytes and Promonocytes	744-3
MANC	Manual Absolute Neutrophil Count	753-4
INT01	Interpretation	59466-3
REV96	Reviewed by:	18771-6