

PATHOLOGY PERIPHERAL BLOOD SMEAR INTERPRETATION

Date Sent: _____

Client Name: _____

Ordering Physician: _____

Patient Name: _____ Date of Birth: _____

Date Collected: _____ Time Collected: _____

Client Instructions

1. Order SBMF# **25058 CBC PR** (Hematopathology Consultation, Peripheral Blood Smear)
2. Sample required: 1 stained peripheral blood smear labeled with 2 unique identifiers
3. Send a copy of the CBC **with differential** results obtained at the sending facility.
4. Place slide (in transfer mailer) and paperwork in a biohazard bag.
5. Place this bag in its own Secure Room Temperature bag with a HISTOLOGY label affixed to the outside.
6. Include the transfer list (if applicable).
7. **Please provide a face sheet and insurance information.**

NOTE: Slide and forms will not be returned

Please mark and provide reason for pathology review:

Ordered by physician

Ordered due to lab policy requiring referral

Diagnosis provided: _____

Please indicate reason for required pathology interpretation:

Additional Information: _____

Histology: Log in CBC PR and send directly to Administrative Assistant.