#### BMC, CRH, LFH, HRK, OCH, FTT, FOX, FCC



## Important Note

This test can be added on to a previously run GHGB if specimen meets the CBCA criteria. This test can **NOT** be added on to a previously run BNP.

### **Performing Location(s)**

BMC, CRH, LFH, HRK, OCH, FTT, FOX, FCC

## **Specimen Type**

Whole Blood

#### **Preferred Container**

Lavender top tube

#### **Minimum Volume**

3.0 mL Whole blood

Multiple test can be performed from this volume.

For question please contact the lab at 547-3975

## **Transportation Needs**

Deliver to the laboratory within 12 hours at room temperature

#### **Storage Requirements**

Refrigerate up to 24 hours

DO NOT FREEZE

#### **Causes for Rejection**

Mislabeled or unlabeled specimens

Less than 50% draw for vacutainer tubes

Clotted

Macroscopic clot detected with wooden sticks

Fibrin strands with platelet involvement on peripheral smear

Less than 50% draw for vacutainer tubes

Less than 250µL of sample for microtainer tubes

Collection in 6.0 mL pink or purple top vacutainer

Collection in any anticoagulant other than K2EDTA

> 24 hours refrigerated for CBC and/or differential

- > 12 hours at room temp
- > 24 hours refrigerated for reticulocytes

Grossly hemolyzed

Samples drawn above an IV line

# Contaminated line draws

## **Reference Values**

Parameter	Population	Reference Range	High Critical	Low Critical
WBC	Newborn - 1 month	$9.0 - 30.0 \times 10^{3}$ cells /uL	$30.0 \times 10^{3}$ cells /uL	$< 2.0 \text{ x } 10^3 \text{cells /uL}$
	1 month - 5 month	5.0 - 19.5 x 10 <sup>3</sup> cells /uL	25 x 10 <sup>3</sup> cells /uL	$< 1.0 \times 10^{3} \text{cells /uL}$
	5 month - 2 years	$6.0 - 17.5 \times 10^{3}$ cells /uL		
	2 years - 6 years	$5.0 - 15.5 \times 10^{3}$ cells /uL		
	6 years - 12 years	$4.5 - 13.5 \times 10^{3}$ cells /uL		
	Greater than 12 years	$3.7 - 10.6 \times 10^{3}$ cells /uL		
RBC	Female (< 12 years)	4.10 - 5.10X10 <sup>6</sup> cells/uL		
	Female (> 12 years)	$3.70 - 5.10 \times 10^6 \text{ cells/uL}$		
	Male (< 12 years)	4.50 - 5.90X10 <sup>6</sup> cells/uL		
	Male (> 12 years)	$3.70 - 5.90 \times 10^6 \text{ cells/uL}$		
HCD		12.0 10.0 - /1		
HGB	<1 month	13.0 - 19.0 g/dL		
	1 month - 5 month	11.0 - 17.0 g/dL		
	5 month - 2 years	11.0 - 14.0 g/dL		< 7.0 g/dI
	2 years - 6 years	11.0 - 13.0 g/dL		< 7.0 g/dL
	6 years - 12 years	11.0 - 15.0 g/dL		
	Female > 12 years	11.5 - 15.5 g/dL		
	Male > 12 years	11.5 - 18.0 g/dL		
НСТ	<1 month	42.0 - 60.0%		< 35%
IIC1	1 month - 5 month	33.0 - 55.0%		\ 3370
	5 month - 2 years	31.0 - 41.0%		
	2 years - 6 years	34.0 - 40.0%	60%	<21%
	6 years - 12 years	35.0 - 45.0%	0070	(2170
	Female > 12 years	34.0 - 46.0%		
	Male > 12 years	35.0 - 50.0%		
	171010 7 12 9 0015	2010 201070		
MCV	<1 month	98.0 - 118.0 fL		
	1 month - 5 month	91.0 - 111.0 fL		
	5 month - 2 years	68.0 - 84.0 fL		
	2 years - 6 years	75.0 - 87.0 fL		
	6 years - 12 years	77.0 - 95.0 fL		
	12 years	81.0 - 99.0 fL		
				I
MCH	< 1 month	27.0 - 33.0 pg		
	1 month	27.0 - 33.5 pg		
MOTIC	.1	22.0 25.0 /11		
MCHC	< 1 month	32.0 - 35.0 g/dL		
	1 month	31.5 - 35.5 g/dL		

RDW	All Populations	37.3 - 49.0 fL		
PLT	< 12 years	$140 - 350 \times 10^3 \text{ cells/uL}$	1,000,000	< 20,000
	12 years	$140 - 425 \times 10^3 \text{ cells/uL}$		
MPV	All Populations	8.0 - 12.0 fL		
IPF %	All Populations	1.2-8.6 %		
IPF#	All Populations	3.6-20 x 10 <sup>3</sup> cells/uL		

Parameter	Test	Population	% Count	<b>Absolute Count</b>
	Code			
		< 1 month	32.0-62.0	1600 - 6115 cells/uL
		1 month - 5 months	15.0 - 35.0	750 - 3452 cells/uL
<b>Neutrophils: Segmented</b>	SEG	5 months - 2 years	13.0 - 33.0	650 - 3255 cells/uL
		2 years - 6 years	15.0 - 35.0	750 - 3452 cells/uL
		6 years - 12 years	32.0 - 54.0	1600 - 5326 cells/uL
		12 years	40.0 - 70.0	1500 - 7400 cells/uL
		< 1 month	10.0 - 18.0	
		1 month - 5 months	7.0 - 13.0	
Neutrophils: Band	BAND	5 months - 2 years	6.0 - 12.0	
		2 years - 12 years	5.0 - 11.0	
		12 years	0.8 - 0.0	

	1			
		<1 month	26.0 - 36.0	1235 - 2864 cells/uL
	LYMP	1 month - 5 months	41.0 - 71.0	1948 - 5648 cells/uL
Lymphs: Normal		5 months - 2 years	46.0 - 76.0	2185 - 6045 cells/uL
		2 years - 6 years	44.0 - 74.0	2090 - 5886 cells/uL
		6 years - 12 years	27.0 - 57.0	1283 - 4534 cells/uL
		12 years	12.0 - 50.0	950 - 3500 cells/uL
	<u>,                                      </u>			
Lymphs: Reactive	LYMR	All Populations	0.0-6.0	
		_		
		< 1 month	1.0 - 11.0	75 - 862 cells/uL
Monocytes	MONO	1 month - 5 months	2.0 - 12.0	150 - 940 cells/uL
		5 months - 12 years	0.0 - 10.0	0 - 783 cells/uL
		12 years	2.0 - 14.0	150 - 940 cells/uL
Eosinophils	EOS	< 12 years	0.0 - 7.0	0 - 642 cells/uL
_		>12 years	0 .0- 6.0	0 - 550 cells/uL
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Basophils	BASO	All Populations	0.0-3.0	0 - 175 cells/uL
<b>Immature Granulocytes</b>	IG	All Populations	0.0 - 3.0	0 - 150 cells/uL
		•		
Blasts	BLAS	All Populations	0.0	0

<b>Nucleated RBC's</b>	NRBC	All Populations	0.0	0

## **Reflex Testing**

The Heme Profile, Automated WBC Differential and RBC Morphology (CBCA) are reported directly from the analyzer and CPT 85025 is billed whenever a CBCA is ordered and the results received are within established limits (see criteria delineated below).

The Heme Profile and a manually performed WBC Differential (CBCM) is reported and billed (CPT 85027 and 85007) when the ordered.

Criteria used to determine whether a manual differential or slide review is performed				
Note: Criteria is based on the International Society for Laboratory Hematology (ISLH) consensus rules for				
reflexing automated differentials to a manual differential.				
<b>Condition Noted</b>	Action			
Abnormal Cell Count (except as noted below)	No Smear Review or manual differential performed			
All Neonates	Lab will perform and report a manual WBC differential			
WBC >30,000 cells/uL	Lab will perform and report a manual WBC differential			
Abnormal WBC flags	Lab will perform and report a manual WBC differential			
(includes left shift, blast and/or atypical/variant				
lymphocytes)				
Automated Differential shows:	Lab will perform and report a manual WBC differential			
5% Basophils (or) >20% Eosinophils (or) >20%				
Monocytes (or) 5% IG				
The first time any of following conditions is noted:	Lab will perform a smear review and note any			
Platelet Count <100 or >1 million	abnormalities observed			
MCV <65 or >110 fl				
RDW-SD >65 fl				
Abnormal RBC Flags (includes NRBC flag)	Lab will perform a smear review and note any			
	abnormalities observed			
Abnormal Platelet Flags	Lab will perform a smear review and note any			
	abnormalities observed			

#### **Available STAT**

Yes

#### Methodology

Automated; flow cytometry

**CPT Code** 

85025