

## 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  
NOTE: \*For a path review with an indication of "rule out parasites", please send one thick and one thin Giesma-stained slide.\*
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.