

Hematology QA smear review supplemental form

LabLink



- Hematology QA smear reviews cannot be billed to patient insurance, and will be billed to your vendor account.
- Place an electronic order for an MSH and complete the submitting location information, patient information and reason for smear review below.
- Submit the completed form, EDTA tube, slides and a copy of your CBC and differential results
- *For use by LabLink/Atlas interfaced clients only*

Submitting location information: Clinic name: _____ Phone #: _____ Fax #: _____	Patient label with all required information <u>or</u> complete information below: Name: _____ DOB: _____																																							
Reason for smear review: <div style="height: 40px; border: 1px solid black;"></div>																																								
Specimen requirements: EDTA tube, 2-3 labeled, unstained EDTA slides and copy of patient CBC and differential results																																								
For Allina Health Laboratory use only																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">WBC count</th> <th></th> <th></th> </tr> <tr> <th style="text-align: left;">Differential Results</th> <th style="text-align: center;">%</th> <th style="text-align: center;">Absolute #</th> </tr> </thead> <tbody> <tr><td>Neutrophils</td><td></td><td></td></tr> <tr><td>Lymphocytes</td><td></td><td></td></tr> <tr><td>Monocytes</td><td></td><td></td></tr> <tr><td>Eosinophils</td><td></td><td></td></tr> <tr><td>Basophils</td><td></td><td></td></tr> <tr><td>Metamyelocytes</td><td></td><td></td></tr> <tr><td>Myelocyte</td><td></td><td></td></tr> <tr><td>Promyelocyte</td><td></td><td></td></tr> <tr><td>Blasts</td><td></td><td></td></tr> <tr><td>nRBC</td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td></tr> </tbody> </table>	WBC count			Differential Results	%	Absolute #	Neutrophils			Lymphocytes			Monocytes			Eosinophils			Basophils			Metamyelocytes			Myelocyte			Promyelocyte			Blasts			nRBC			Other			Comments: <input type="checkbox"/> Consistent with clinic findings <input type="checkbox"/> Smear reviewed; Path review required <input type="checkbox"/> Path comments: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Pathologist: <input type="checkbox"/> Suggest Peripheral Blood Morphology order (470)
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Other																																								
Tech(s) performing Diff: <input type="checkbox"/> Fax to Client Services at x34067 Client Services: <input type="checkbox"/> Scan to OnBase as a Supplemental document <input type="checkbox"/> Fax completed form to the client at the number indicated above	Checked by: Init./date: _____ Init./date: _____ Init./date: _____																																							