

# 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*

<p><b>Submitting location information:</b></p> <p>Clinic name: _____</p> <p>Phone #: _____</p> <p>Fax #: _____</p>	<p><b>Patient label with all required information <u>or</u> complete information below:</b></p> <p>Name: _____</p> <p>DOB: _____</p>
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**Reason for smear review:**

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**Specimen requirements:**  
EDTA tube, 2-3 labeled, unstained EDTA slides and copy of patient CBC and differential results

**For Allina Health Laboratory use only**

<b>WBC count</b>			<b>Comments:</b>
<b>Differential Results</b>	<b>%</b>	<b>Absolute #</b>	
Neutrophils			<input type="checkbox"/> Consistent with clinic findings <input type="checkbox"/> Smear reviewed; Path review required <input type="checkbox"/> Path comments: _____ _____ _____
Lymphocytes			
Monocytes			
Eosinophils			
Basophils			
Metamyelocytes			
Myelocyte			
Promyelocyte			
Blasts			
nRBC			
Other			

<p><b>Tech(s) performing Diff:</b></p> <p><input type="checkbox"/> Fax to Client Services at x30467</p> <p><b>Client Services:</b></p> <p><input type="checkbox"/> Scan to OnBase as a Supplemental document</p> <p><input type="checkbox"/> Fax completed form to the client at the number indicated above</p>	<p><b>Checked by:</b></p> <p>Init./date: _____</p> <p>Init./date: _____</p>
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