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# QA Review Request – Hematology Smear

For Lab Internal QA Review Only

*Do NOT use this form for "Peripheral Smear for Pathologist Review"*

Please submit  
 **blood smear**  
and  
 **CBC data**  
with this form

**Avera Laboratory Network - Sioux Falls Instructions:**

- 1. Transport smear & paperwork to:** Pathology Secretary in Pathology.
- 2. Path Secretary:** Fax copy of completed form to client; Return signed form and slide to MCK Laboratory.

**Specimen Collection Date/Time:** \_\_\_\_\_ **Tech:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Pt Number:** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_ **Facility/Location:** \_\_\_\_\_

**Reason QA Smear Review is requested – check appropriate box(es):**

- Lymphocytosis >60% - **Scan (14 days current registration)**
- Monocytes >30% - **Scan (14 days current registration)**
- WBC >30,000 /mm<sup>3</sup> - **Scan (14 days current registration)**
- Blasts noted - **EVERY TIME**
- Immature WBCs noted (excluding bands) - **Scan (14 days current registration)**
- Schistocytes - **EVERY TIME**
- Tech completing has questions (list specifics) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pathologist's Comments:**

- Agree with report
- Disagree with report
- Place comments in patient's CBC report

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pathologist signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name