#### Slide Request for Pathology Review

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| **Policy and Principle** | These smears must be referred to the Pathologist for review. A stained slide and a copy of the results are sent to the OCI Pathology Department. The pathologist will review the smear the next working day or immediately if paged by the provider. (Order for “Blood Smear, Peripheral, Interpretation by Physician with Report” [**HC 85060K**] is orderable in Health Connect by the provider). Peripheral blood smears with blasts (unknown cases), unidentifiable cells or have met criteria for path review will be referred to the pathologist for review. CSF or body fluid smears with blasts, atypical cells, or unidentifiable cells must be referred to the pathologist for review. |

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| Safety | All specimens, reagents and controls should be handled as though capable of transmitting infectious diseases. Wear appropriate personal protective equipment when running patient samples or performing scheduled maintenance. Refer to: Policy and Procedures Safety Manual Infection Control and Procedures 11-085-01. |

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| Procedure |

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| Step | Action |
| 1. | Print a copy of the CBC result. |
| 2. | The slide to be submitted must have **two identifiers** on the smear, patient’s full name (first and last) and medical record number, place the stained smear in an envelope. |
| 3. | Completely fill out “Request for Pathologist’s Review” slip or send a copy of the requisition. **Note**: See attachment A for Pathologist Review form. |
| 4. | Place everything in a biohazard bag and send to OCI Pathology. |
| 5. | Once reviewed by pathologist, OCI Hematology CLS will enter the pathologist’s comments by manually entering the results in Cerner under Accession Result Entry (ARE), then CORRECTION mode. Enter the results in the comment section, then VERIFY.  |
| 6. | File in OCI Pathology Review binder. |

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Attachment A

**Request for Pathologist's Review**

Patient's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accession No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach a copy of peripheral smear report and smear slide)

Reason for request:

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

Requested by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pathologist Review:

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

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Pathologist

 Append CBC/Cell Count and or Body Fluid result and add Pathologist review under comment.

**NOTE**: If there’s any question(s) regarding Pathologist Review; clarify it first before appending any laboratory result(s).

Document History Page

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| Change type: New, Major, Minor etc. | Changes Made to SOP – describe | Name of responsible person/date | Med. Dir. Reviewed/ Date | Director of Lab Ops. reviewed/ date | Date change Implemented |
| Minor | 1. Regional Template Update2. Revised index no. | Yvette Lingat4/20/2020 |  | Mary LouBeaumont | 4/28/2020 |
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