

**Beaumont Laboratory**

Dearborn • Farmington Hills • Grosse Pointe •  
Royal Oak • Taylor • Trenton • Troy • Wayne

Effective Date: 10/10/2019  
Supersedes: 03/21/2018  
Related Documents:  
RC.HM.WF.004 Path Review Protocol

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## **SMEARS LEFT FOR PATHOLOGIST REVIEW AND CASES REQUIRING STAT REVIEW**

BL.HM.WF.001.r01

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**I. Objective**

To ensure that new acute leukemias/ newly identified blasts identified by the technologist on peripheral smear are reviewed/ finalized by hematopathologist/ pathologist in a timely fashion, specifically reviewed at least daily (less than 24 hours) and not held. Also, to delineate cases that may require stat delivery from sites without a hematopathologist.

**II. Performed By**

- A. Technologist reviewing smear
- B. Hematopathologist/ pathologist

**III. Expected Performance**

It is expected that this workflow will ensure that patient results are reported in a timely fashion, i.e. CBC and differential results are not held because first time blasts are identified.

**IV. Stat Review Criteria**

- A. Suspect acute leukemia cases.
- B. Suspect Acute Promyelocytic Leukemia (APL) cases.
- C. Any blasts or unknown cells more than rare or few.
- D. Suspect Thrombotic thrombocytopenic purpura (TTP) cases (i.e. schistocytes, especially in unexplained anemia and thrombocytopenia).
- E. Physician request cases suspecting leukemia.

**V. Responsibility:**

**A. Technologist Responsibility:**

1. Report differential per SOP. (Refer to Path Review Protocol workflow for appropriate steps).
2. Notify pathologist, following site-specific directives.
  - a. Transfer slide and paperwork to the pathologist review site (as applicable).
  - b. Notify the laboratory site the slide and paperwork are to be transferred to (as applicable).

**B. Pathologist Responsibility:**

1. Review case results.
2. Finalize case in LIS (i.e. pathologist comment).
3. Notify clinician.

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### **VI. Quality Control**

Lab Manager, Hematology Laboratory

### **VII. Notes**

- A.** It will be left to the discretion of the hematopathologist/pathologist at site how they prefer such cases to be communicated to them (e.g. resident/pathologist on-call, image(s) delivered via email, etc.); however, it is imperative that such cases be reported out within 24 hours and CBC and differential results are not held.
- B.** To prevent delay in treatment, prompt communication with clinician is critical.

### **VIII. Authorized Reviewers**

Medical Directors: Dearborn, Farmington Hills, Grosse Pointe/Troy, Royal Oak, Wayne/Trenton/Taylor.

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Clinical Pathology: *Hematology*

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### Document Control

**Location of Master:** Hematology Workflow Manual

**Master electronic file stored on the Clinical Pathology server under:**

S:/Hemacoag/Document Control/Workflow/Master Documents/Smears Left for Pathologist Review.doc

**Number of Controlled Copies posted for educational purposes: 0**

**Number of circulating Controlled Copies: 7**

**Location of circulating Controlled Copies:** Dearborn, FH, GP, Taylor, Trenton, Troy, Wayne

### Document History

Signature	Date	Revision #		Related Documents Reviewed/ Updated
Prepared by: Ann Marie Blenc, MD	11/01/2017	r00	New workflow	OK
Approved by: M Schaldenbrand, MD (D)	01/03/2018			
E Schwarz, MD (FH)	01/04/2018			
L Chen, MD (GP)	12/22/2017			
AM Blenc, MD (RO)	12/22/2017			
M. Thomas, MD (TA)	01/03/2018			
R. Spanta, MD (TR)	12/26/2017			
H Ma, MD (TROY)	01/05/2018			
M Arshad, MD (W)	01/03/2018			
B Ducatman, MD, Chair	03/21/2018			
Reviewed by: (Signature)	Date	Revision #	Modification	Related Documents Reviewed/ Updated
B Ducatman, MD, Chair	03/21/2018	00		OK
Peter Millward, MD	02/13/2019		New Medical Director	
Ann Marie Blenc, MD	10/10/2019	01	Title and format change. Removed, "site-specific" from Performed by pathologist. Added transport responsibilities to the Technologist (as applicable). Added stat review criteria. Changed Authorized reviewers to reflect Medical Director structure.	OK
Vaishali Pansare, MD				
John Pui, MD				
Jeremy Powers, MD				
Muhammad Arshad, MD				

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