
PATH CONSULT: HEMATOLOGY

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Principle When a clinician wishes to have an in-depth interpretation of a patient's peripheral smear, a Pathologist Consult is ordered. This consult includes a CBC with differential, reticulocyte count, a patient history and a pathologist interpretation.

Specimen Collection and Handling Refer to See "CBCD and Reticulocyte-XE-5000" procedure.

Supplies Refer to "CBCD and Reticulocyte-XE-5000" procedure.

Quality Control Refer to "CBCD and Reticulocyte-XE-5000" procedure.

- Procedure**
1. All path consults must have an accompanying sign/symptom or diagnosis before the request can be processed. While R/O is often a useful way to communicate a suspicion to the consulting Hematopathologist, it is NOT sufficient. Outpatient requests must be accompanied by a copy of the patient's script when a Hematopathologist consult is ordered. Orders for a "Hemogram" must be clarified with the ordering physician as to what exactly is being requested, as "Hemogram" is not an acceptable order.
 2. The specimen is analyzed on a hematology analyzer for a CBC, differential and reticulocyte. (Differential results for Path Consults follow the same protocol as routine differentials.)
 3. Access SoftPATH to obtain ROH number and generate barcoded slide labels.

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4. Ensure that two patient identifiers are always used when labeling all specimens and paperwork!
 5. Place stained slides on tissue-tek coverslipper for automated coverslipping. Affix barcoded slide labels to stained peripheral smears after coverslipping slides.
 6. The differential is reported per standard protocol.
 7. Place the following into a slide folder:
 - a. Two coverslipped Wright stained peripheral blood smears
 - b. Albumin smear as needed
 - c. Hematology analyzer histogram / scattergram printouts
 8. Place the slide folder in the designated area on the bone marrow bench. Archive the EDTA specimen.
 9. The cases should be delivered to the pathologist who is reading out Path Consults that day. Alternatively, the pathologist may choose to pick up the cases first thing in the morning.
 10. Path Consults received after 3 pm should be assigned to the pathologist who is reading Path Consults the following day.
 11. When case is returned from pathologist, ensure oil is cleaned from smear. File case in bone marrow slide box.
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Expected Values

The interpretation of Pathologist Consult requires evaluation of clinical history, physical findings, and laboratory data by the pathologist who will then issue an interpretive consultation of the morphologic findings.

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Notes

1. In order to ensure compliance with Medicare and other federal regulatory agencies, the hematology laboratory instituted the written policy in 1998 of not accepting requests for pathologist consultation to review **normal** CBC/differential results. As of June 1999, this policy was applied to all patients, including Outreach clients. When CBC/Diff results are normal, the pathologist will notify the hematology tech to cancel the consult (SoftPATH ROH# as well as SoftLAB HEMC) in the LIS with the comment "canceled due to normal results" (CBCWD field REVCO: @HE21 from Order Entry screen). The CBC/Diff and retic count will be reported. See Compliance Bulletin, Attachment A.
2. Original EDTA specimens are stable for 8h at room temperature (20-25°C or 68-77°F). Due to the deterioration of morphology on aged specimens, it is not appropriate to add a Path Consult to an EDTA specimen that was received on a previous day. All requests for an add-on Path Consults should be re-directed at obtaining a fresh specimen.
3. It is essential in ordering Hematopathologist consults to avoid use of the word "Hemogram". A hemogram is a simple CBC without platelet count or differential and is not synonymous with a consult. If a Hematopathologist consult is required, it must be indicated.
4. Pathology Consults are only available more frequently than once per week if approved by a pathologist.
5. Effective May, 2012 all path consults should be directed to Clinical Pathology pathologists for interpretation.

References

Williams WJ: Hematology, 3rd Ed, New York: McGraw Hill, 1983:25-27.
Dutcher TF: Personal communication.
Mattson JC: Personal communication.

Attachments

Attachment A – Compliance Bulletin

Authorized Reviewers

Medical Director, Hematology

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Attachments

Attachment A

Beaumont®

William Beaumont Hospital Reference Laboratory

June 1, 1999

COMPLIANCE BULLETIN

Dear Physician:

In order to ensure compliance with Medicare and other federal regulatory agencies, the Hematology Laboratory has instituted the written policy of not accepting requests for pathologist consultation to review **normal** CBC/differential results.

As of Monday, June 8, 1999, we will begin uniformly applying this policy to all patients, including BRL clients. When CBC/diff results are normal, the pathologist consultation will be canceled in HDS and the CBC/diff and reticulocyte count will be reported with the comment "consultation canceled: CBC and differential within normal range."

The Medicare requirements for a clinical pathologist consultation are as follows:¹

1. Are requested by the patient's attending physician;
2. Related to a test result that lies outside the clinically significant normal or expected range in view of the condition of the patient;
3. Result in a written report included in the patient's medical record; and
4. Require the exercise of medical judgment by the consultant physician.

We are always available for phone consultation to assist you with your difficult cases.

¹*Compliance Guidelines for Pathologists*, published by the College of American Pathologists, Chicago, IL, 1999, pp 132-133.

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FLK/pk

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Document Control

Location of Master: Hematology Procedure Manual

Master electronic file stored on the Clinical Pathology server:

S:\HEMACOAG\Document Control\Hematology\Procedure\Master Documents\Path Consult.doc

Number of Controlled Copies posted for educational purposes: 0

Number of circulating Controlled Copies: 0

Location of circulating Controlled Copies: NA

Document History

Signature	Date	Revision #		Related Documents Reviewed/ Updated
Prepared by: Noelle Procopio MT(ASCP)SH	03/02/2009			
Approved by: Ann Marie Blenc, MD	03/02/2009			
Reviewed by: (Signature)	Date	Revision #	Modification	Related Documents Reviewed/ Updated
Ann Marie Blenc, MD	03/31/2009	00	New procedure	
Ann Marie Blenc, MD	05/11/2010	01	Updated BRL to Outreach.	
Ann Marie Blenc, MD	08/11/2011	02	Removed requirement for Hem/Onc MD order; removed Tamtron directives and related document; added directives for Soft LIS workflow.	OK
Ann Marie Blenc, MD	05/21/2012	03	Reworded note regarding path consult requests if ordered more frequently than once per week; added note regarding direction of all path consults to CP pathologists for interpretation; added statement regarding use of two patient identifiers when performing all labeling of cases; removed directives to track specimens to pathologist (unable to perform this function in SoftPATH).	OK
Ann Marie Blenc, MD	08/01/2013	04	Added specifics on what should be canceled (per pathologist) in SoftPATH and SoftLAB; updated XE2100 to XE5000 including related documents.	OK

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Document History – continued

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