

Beaumont

Origination: 2/14/2022
Effective: 2/14/2022
Last Approved: 2/14/2022
Last Revised: 2/14/2022
Next Review: 2/14/2024
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Area: Laboratory-Hematology
Key Words:
Applicability: All Beaumont Hospitals

Smears Left for Pathologist Review and Cases Requiring Stat Review

Document Type: Guideline

I. PURPOSE AND OBJECTIVE:

To verify 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. ACRONYMS:

- A. Complete Blood Count (CBC)
- B. Laboratory Information System (LIS)

III. PERFORMED BY:

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

IV. 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.

V. 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.

VI. RESPONSIBILITY:

A. Technologist Responsibility:

1. Report differential per procedure. (Refer to Path Review Workflow-RO 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.

VII. QUALITY CONTROL:

Lab Manager, Hematology Laboratory

VIII. 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.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
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	Ann Marie Blenc: System Med Dir, Hematopath	2/4/2022
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Policy and Forms Steering Committee Approval (if needed)	Michele Sedlak: Medical Technologist Lead	2/3/2022
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Step Description	Approver	Date
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Applicability <hr/> <p>Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne</p>		

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