5. Verify the diluting results. The WBC and platelet counts should compare between both specimens

In some instances, no amount of incubation will reverse the agglutination. If this is the case report only the WBC, HGB and Platelet count. Verify both the WBC and the Platelet count on the peripheral smear. Use canned text to indicate that cold agglutination was not reversible. Use TNP as the result for the RBC, HCT and associated indices.

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**Lipemia:**

Lipemia will falsely elevate the HGB and the MCHC. Determine if the specimen is lipemic by inquiring from the chemistry department or centrifuging the specimen.

**Note:** Please document results if corrected for Lipemia.

In rare instances, the degree of Lipemia will interfere with the cellular hemoglobin results. In this case, perform a saline replacement procedure using the following steps:

1. Centrifuge an aliquot of the specimen
2. Mark the meniscus and remove the plasma from the specimen
3. Replace the plasma with normal saline
4. 4. Re-suspend the specimen and run it through the analyzer
5. 5. Verify the results comparing the WBC and platelet count from the original specimen and the "saline replacement". These results should agree fairly closely – within 10%.
6. Use the original WBC, Platelet and MPV results for the patient report. Use the RBC, HGB and RBC parameters from the saline replacement.

**Turbidity/HGB Interference? IP message** occurs when the MCHC is > 37.5 g/dL and indicates that turbidity may be present in the diluted and lysed sample. This turbidity could interfere with the HGB detection light path and falsely increase the HGB value. Other interfering substances or conditions may impact the hematocrit and cause an MCHC >37.5 g/dL.

NOTE: An MCHC up to 37.5 g/dL may indicate a normal specimen on the high end of the normal range in which case no action is needed. This may occur more often in samples with higher hemoglobin and hematocrit results.

Consider the MCHC and the MCV together when evaluating results and the reasons for the interference. Refer to the following table for possible interferences and the corrective actions.