



Re-TRAINING UPDATE

Lab Location: All labs
Department: Hematology

Date Distributed: 6/16/25
Due Date: 6/30/25
Implementation: **Current**

DESCRIPTION OF retraining

Name of procedure:

Sysmex XN Series Operation for CBC and Reticulocytes (AHC.H963)

Description of change(s):

For labs where the pathologist is located under the same CLIA # (SGMC or WOMC) submit to pathologist, and report pathologist result per SOP. See chart below for a list of slide review requirements for differential slides. A blast or any identifiable cell, must have a Path review. For Labs where the pathologist is located at another lab, with a separate CLIA# (GEC and FWMC) report the result on the PT result form as “would refer”. In the case of the most recent CAP survey for Hematology differentials, BCP-B 2025:
 Based on the CAP master list - If an immature or abnormal cell is identified, **code 108 “would refer for identification – Code 108 should be used only if you would routinely send the cell in question to an outside laboratory with another CLIA number.”**

Supervisor (or designee) / Pathologist slide review		
Abnormality	Supervisor	Pathologist
Prolymphs > 5%	X	
Reactive and/or atypical lymphocytes >20%	X	
Bands > 25%	X	
Meta/Myelos/Promyelo >10%	X	
Any blast cell	X	X
Any unidentifiable cell	X	X
Any parasite or microorganism (reviewed by microbiology also)	X	
Lymphocyte > 75% in patients < 17 years of age	X	
Lymphocyte > 70% in patients > 17 years of age	X	X

NOTE: The above guidelines are for new and recurring patients performed initially and over each subsequent hospital encounter (ED visit, OP visit or admission).

Document your compliance with this training update by taking the quiz in the MTS system.