***Hematology Lab Meeting.***

**02/27/2020 @ 9:00 am**

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| *Present:* |  ***Pat Gelineau*** |

Announcement:

On March 12th Pat, John and Donna will be going to Jamaica Hospital in N. Y. to look at the urinalysis instrument from Beckman Coulter, the IRIS/Arkray. If you have any knowledge about the instrument or have any questions you can write it on the paper board before March 12th.

 In regards to a Mock Inspection that will be done by SRC on March 11, 2020, make sure all logs are complete in all areas. They will give us a deficiency if they see missing entries.

The coag tubes on the 8100 (are already spun by the LA's and are put on the 8100 to move them down ... the only one that should not be spun is the blue stopper for PFAs. All unspun tubes for special coag tests will be hand-delivered.

Polybrene test is done to rule out the presence of heparin. This test is not used for the baseline of the aPTT test. This will be done per protocol if there a mixing study request with prolonged PTT. Any request from NICU or pediatric floor to do polybrene on the heparin sample should be forwarded to the supervisor or tech B or the lab resident. Try to explaine to the care giver that this test **can not be done for the baseline of PTT**.

We will not be doing the test unless approved by the lab resident.

There is a patient slide label green crystal of death. Take a look at the slide there are inclusion in Neutrophil and globs and it's in an end stage liver disease.

 Fluid procedures when doing Chamber counts your count should be within 10% If they're not you need to recount it and if they are 10% it should be fairly close you shouldn't average those you just pick one of them preferably the higher one.

 ESR tubes are filled to “fill line”. There is a maximum of +/- 9mm from fill line that is acceptable (see marked tube). Any tube filled less than (qns primary tube blood volume) or more than example tube is unacceptable and cannot be used. Do not remove blood from esr tube if >9mm example.

2. Tubes should be inserted into ESR autoplus with barcode facing front to permit gap to be visible to instrument internal read set.

3. Streck stated that unless we validate ESR results on remix and rerun ESR we shouldn’t remix and rerun ESR if aborts or problems.

4. Check instrument print out for error/non-auto verify results before discarding tubes. Temp correction, and results outside of auto-verification are valid results but will not auto-verify and need to be manually verified.

5. There is a visual guide in the misc. area.