

Overview**Useful For**

Interpretation of a Wright-stained peripheral blood smear

Additional Tests

| Test Id | Reporting Name | Available Separately | Always Performed |
|---------|------------------|----------------------|------------------|
| PBPC | Peripheral Blood | No, (Bill Only) | Yes |

Method Name

Only orderable as a reflex. For more information see SPSM / Morphology Evaluation (Special Smear), Blood.

Medical Interpretation

NY State Available

Yes

Specimen**Specimen Type**

Whole Blood EDTA

Reject Due To**Specimen Stability Information**

| Specimen Type | Temperature | Time | Special Container |
|------------------|---------------------|------|-------------------|
| Whole Blood EDTA | Ambient (preferred) | | |
| | Refrigerated | | |

Clinical & Interpretive**Clinical Information**

Under normal conditions, the morphology and proportion of each blood cell type is fairly consistent in corresponding age groups. The morphology and proportion of each blood cell type may change in various hematologic diseases. Differential leukocyte count/special smear evaluation is helpful in revealing the changes in morphology or proportion of each cell type in the peripheral blood.

Reference Values

Only orderable as a reflex. For more information see SPSM / Morphology Evaluation (Special Smear), Blood.

An interpretive report will be provided.

Interpretation

[The laboratory will provide an interpretive report of percentage of white cells and, if appropriate, evaluation of white cells, red cells, and platelets.](#)

Cautions

No significant cautionary statements

Clinical Reference

1. Lotspeich-Steininger CA, Steine-Martin EA, Koepke JA. Clinical Hematology: Principles, procedures, correlations. JB Lippincott Company; 1998:88-106:317-356
2. Rose G, Reinhard HH, Kahwash SB. Is this a blast? An illustrated practical review on peripheral blood smear examination in the paediatric patient. Malays J Pathol. 2020;42(1):37-49

Performance**Method Description**

A hematopathologist reviews the Wright-stained peripheral blood smear and an interpretation is provided.

PDF Report

No

Day(s) Performed

Monday through Sunday

Report Available

1 day

Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Main Campus

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

Not Applicable

CPT Code Information

85060

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|---------------------------------|--------------------|
| PINTP | Peripheral Smear Interpretation | 14869-2 |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|------------------------------------|---------------------|
| 71442 | Participated in the Interpretation | No LOINC Needed |
| 71443 | Report electronically signed by | 19139-5 |
| 71447 | Interpretation | 14869-2 |
| 71832 | Case Number | 80398-1 |