

Test Update

Changes to Smear Review Requests

UVM Health

Effective November 24, 2025, UVMMC will undergo several changes regarding smear review requests **to increase clinical efficiency**. Our laboratory maintains internal criteria, based on automated analysis and manual review of the peripheral smear, to initiate peripheral blood smear review. Laboratory-initiated peripheral blood smear reviews have been shown to be better at detecting clinically relevant information compared to requests initiated by clinicians. Generally, this is an over-utilized resource with data gleaned from clinician-requested pathologist smear review influencing around 1% of cases.

Client updates required:

- ▶ New result only code: Path Review – Hematology (LAB17865) will need to be built into your system to receive results.
- ▶ Atlas Code “SMEAR” will be discontinued.
- ▶ Path Review - Hematology (LAB17264) will be discontinued.
- ▶ Update test name for LAB 1238918 from “Slide Review” to “Smear Hold Request.”

Lab Updates

- ▶ There is a new criteria for performing Path Review – Hematology.
- ▶ There will be a new automated reporting message for requests that do not meet the new criteria.

Test Build Information:

New Lab Use Only Orderable	Epic Code (Restricted to Lab)	Atlas Code (not ord)	Mayo Access ID	Order LOINC	CPT Code(s)
Path Review - Hematology	LAB17865	LAB17865	N/A	59465-5	85060
Result Component(s):	Epic Code	Atlas Code	Mayo Access ID	Result LOINC	Notes
Indication for Review	AOE prompt	220	N/A	N/A	AOE
Path Review Comment	12302200097	HEMCOM	N/A	59465-5	
Specimen Requirements:					
Container	Specimen	Temperature	Collect/Submit Vol	Min Vol	Stability
Lav Top (EDTA)	Whole Blood	Refrigerated	2 mL	1.5 mL	*
Lav Top (EDTA) Microtainer	Whole Blood	Refrigerated	0.5 mL	0.5 mL	*
Collection Information:					
*Sample must have the slide for review prepared within 12 hours of collection.					
Invert tube gently 10 times.					

Atlas Orderable to be Discontinued	Atlas Code
Slide Request	SMEAR

Orderable to be Discontinued	Epic Code	Atlas Code	Mayo Access ID
Path Review - Hematology	LAB17264	N/A	N/A

Updated Orderable Test Name	Epic Code	Atlas Code	Mayo Access ID
Smear Hold Request	LAB1238918	SLIDE	N/A



UVM Medical Center

Pathology & Laboratory Medicine

Location

111 Colchester Ave.
Burlington, VT 05401

Lab Customer Service

802-847-5121
800-991-2799

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As a reminder, requests for a CBC Smear Review, CBC Hemolysis Review, or a Path Review - Hematology, require that a CBC with a differential must have been performed within 12 hours of the order or one needs to be added to the current order. If this is not performed, the order may be cancelled.

In addition, for the Path Review - Hematology to be performed, the CBC and differential needs to meet certain criteria, which have been determined in the literature to have a higher probability of an additional significant morphologic abnormality.

New Criteria for performing a Pathologist Review – Hematology:

- ▶ WBC <4.00 K/cmm or >30.00 K/cmm
- ▶ Hgb <7.0 g/dL or >16.0 g/dL
- ▶ PLT <100 K/cmm or >450 K/cmm
- ▶ MCV >105 fL
- ▶ ANC <1.00 K/cmm or >20.00 K/cmm

Should these screening criteria not be met, a Path Review - Hematology will **NOT** be performed. It will be reported as, "This request does not meet pathologist review criteria. A smear will be held in the lab for up to a week".

If you have any questions regarding these changes, please contact the UVMMC Hematology Medical Director, Division Chief of Hematopathology, Dr. Marian Rollins-Raval, MD MPH (Marian.Rollins-Raval@uvmhealth.org).

References

1. Kurt-Mangold ME, Grieme CV, Krasowski MD, Rosenthal NS. Clinical Utility of Ordered Pathology Blood Smear Reviews - an Overused Resource?. *Clin Lab*. 2018;64(1):99-104. doi:10.7754/Clin.Lab.2017.170703
2. Palur K, Arakeri SU. Effectiveness of the International Consensus Group criteria for manual peripheral smear review. *Indian J Pathol Microbiol*. 2018;61(3):360-365. doi:10.4103/IJPM.IJPM_142_17
3. Loo E, Rodrigues Simoes NJ, Browne LJ, Mindiola Romero AE, Kaur P. Hematology lab waste reduction through implementation of peripheral smear review criteria. *Int J Lab Hematol*. 2023;45(5):813-815. doi:10.1111/ijlh.14103