

PATIENT

Patient: SAMPLE PATIENT
DOB/Sex:
MR/Chart #:
Accession #:

SPECIMEN

Specimen: 1 PB EDTA
Collected: 6/19/2011
Received: 6/20/2011
All Specimens: 2 PB NA HEP, 1 PB EDTA

PHYSICIAN

SAMPLE DOCTOR
Copies:
REPORT DATE: 6/20/2011

Clinical History:

Hepatosplenomegaly, nonpathologically enlarged lymph hilar, peripancreatic lymph nodes, and leukocytosis with thrombocytopenia.

INTERPRETATION:

PERIPHERAL BLOOD SMEAR: **LEUKOCYTOSIS WITH LYMPHOCYTOSIS**, See comment.

Comment:

The peripheral smear morphologically shows degenerative changes consistent with reduced viability (delayed specimen receipt; 3 days old). The morphologic findings, however, are significant for a leukocytosis with lymphocytosis. The lymphocytes are mature appearing but have slightly irregular nuclei. Correlation with the flow cytometric study (FLW-11-10) is necessary to further assess the clonality and phenotype of the lymphocytes.

MICROSCOPIC DESCRIPTION:

Peripheral Blood Smear:

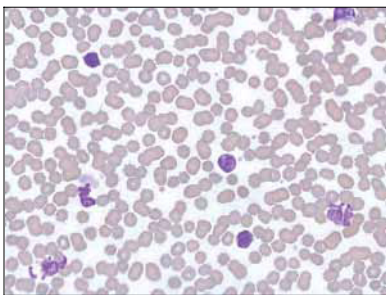
Red Blood Cells: Normal in number; normocytic normochromic; no significant anisopoikilocytosis; minimal polychromasia.

Leukocytes: Increased in number with lymphocytosis; lymphocytes appear mature with slightly irregular nuclear features; reduced viability specimen (specimen received 3 days old).

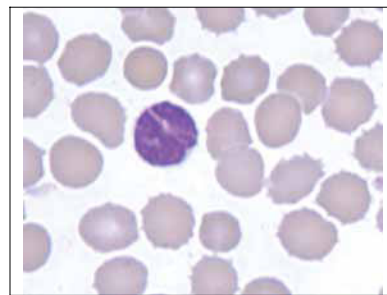
Platelets: Mildly decreased; normal morphology.

CBC (6/ 17/ 11; Reported): WBC 23.5; Lymphs 68.6% Mid 8.3% Grans 23.1% RBC 4.29, HgB 13.3; Hct 38.8; MCV 90.4; MCH 31.0; MCHC 34.3; RDW 15.9, Plt 120.

IMAGES:



Lymphocytosis (Reduced Viability)



Atypical Lymphocyte



Electronically signed on
6/20/2011 3:07 PM by
Doug Kingma, M.D.
Hematopathologist

Dr. Douglas W. Kingma, Medical Director

Howard L. Martin, III, M.D., Medical Director

CLIA #: 44D0915029, TN License #: 0000003284

The immunohistochemical assays were developed and their performance characteristics determined by OncoMetrix. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This testing is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing.

ICD9 Codes: 288.60 CPT Codes: 88313

OncoMetrix

Poplar Healthcare, PLLC
150 Collins Street, Memphis, TN 38812

(877) 670-HEME (4363)