

PLACE BARCODE
LABEL HERE

PERIPHERAL BLOOD SMEAR FORM

PATIENT INFORMATION

DATE: NAME: AGE & GENDER: CLINICAL DIAGNOSIS: BRANCH/CLIENT: SMEAR/S PREPARED BY:	***SEE ATTACHED FILE FOR <u>CBC</u> RESULT. FOR PATHOLOGIST/S USE ONLY: <input type="checkbox"/> UNINTERPRETABLE DUE TO: _____ RECOMMENDATION: <input type="checkbox"/> REPEAT COLLECTION (EDTA) <input type="checkbox"/> REPEAT SMEAR <input type="checkbox"/> OTHERS: _____
SAMPLE INFORMATION (to be filled up by Branch/Client)	CORRECTIVE ACTIONS:
SENT: <input type="checkbox"/> EDTA____PC/S <input type="checkbox"/> STAINED SLIDE/S PC/S <input type="checkbox"/> UNSTAINED SLIDE/S PC/S SENT BY (Branch/Client): _____ RECEIVED BY (Main Lab): _____	<input type="checkbox"/> NEW SAMPLE(DATE): <input type="checkbox"/> NEW SMEARS : 1 st SMEARS (DATE AND PREPARED BY): _____ 2 ND SMEARS (DATE AND PREPARED BY): _____

☐ **NORMAL PBS**

- Normochromic, normocytic RBCs
- WBCs composed mostly of neutrophils and lymphocytes
- Platelet morphology and number are within normal limits
- No blast seen

RBC

COLOR		SIZE	
<input type="checkbox"/> Mildly	<input type="checkbox"/> Hypochromic	<input type="checkbox"/> Slightly	<input type="checkbox"/> Microcytic
<input type="checkbox"/> Markedly	<input type="checkbox"/> Hyperchromic		<input type="checkbox"/> Normocytic
	<input type="checkbox"/> Polychromic		<input type="checkbox"/> Macrocytic
Other remarks:		Other remarks:	
VARIATION			
<input type="checkbox"/> Slight	<input type="checkbox"/> Anisocytosis	Forms:	
<input type="checkbox"/> Marked	<input type="checkbox"/> Poikilocytosis	<input type="checkbox"/> Acanthocytes	<input type="checkbox"/> Macroovalocytes
	<input type="checkbox"/> Anisopoikilocytosis	<input type="checkbox"/> Echinocytes	<input type="checkbox"/> Microcytes
		<input type="checkbox"/> Elliptocytes	<input type="checkbox"/> Schistocytes
		<input type="checkbox"/> Macrocytes	<input type="checkbox"/> Sick cells
		<input type="checkbox"/> Spherocytes	<input type="checkbox"/> Stomatocytes
		<input type="checkbox"/> Target cells	<input type="checkbox"/> Tear drop cells
Other remarks:			

WBC

NUMBER	COMPOSITION	
<input type="checkbox"/> Decreased	<input type="checkbox"/> Neutrophils	<input type="checkbox"/> Neutrophils
<input type="checkbox"/> Within Normal Limits	<input type="checkbox"/> Lymphocytes	<input type="checkbox"/> Lymphocytes
<input type="checkbox"/> Increased	<input type="checkbox"/> Monocytes	<input type="checkbox"/> Monocytes
	<input type="checkbox"/> Eosinophils	<input type="checkbox"/> Eosinophils
	<input type="checkbox"/> Basophils	<input type="checkbox"/> Basophils
Other remarks:		

PLATELETS

<input type="checkbox"/> Decreased	<input type="checkbox"/> Normal morphology
<input type="checkbox"/> Adequate/Within Normal limits	<input type="checkbox"/> Clumps noted
<input type="checkbox"/> Increased	
Other remarks:	

BLASTS

<input type="checkbox"/> No blast/s noted
<input type="checkbox"/> Blast/s noted
Other remarks:

☐ **FINAL**

☐ Refer to others for: _____

PATHOLOGIST: _____ DATE/TIME: _____

ENCODED BY: _____ RELEASED BY: _____

AUTHORIZED BY: _____