

## Result enquiries/Telephoned results

Authorised results are available on the ICE system, which is updated regularly throughout the day.

If a result is needed urgently and/or cannot be found via the ICE system the laboratory may be contacted 01603 286929/286931.

Results of urgent requests, if ICE access or electronic delivery is not available, and unexpected results, which may aid immediate patient management, will be telephoned.

In the event that the laboratory is unable to deliver the required service due to equipment failure we will endeavour to contact all relevant users.

### Haematology telephone criteria:

It is the requestor's responsibility to review laboratory results and act on any abnormal findings.

Users **must not** expect that they will be contacted directly by the laboratory to inform them of any abnormal results. However, the laboratory will always telephone abnormal results if they satisfy the criteria in the table below, unless it is clear to the laboratory scientist authorising the result that the finding is to be expected (for example repeated samples showing the same abnormality).

Other abnormal results not fulfilling the criteria below may also be telephoned according to the local laboratory telephone policy.

A copy of the laboratory telephone policy can be obtained on request.

| Test                     | EPA-wide criteria   |
|--------------------------|---|
| Hb                       | <b>Hb &lt; 70 (any MCV)</b><br>No requirement to telephone high Hb/Hct  |
| Hct                      | <b>Hct &gt;0.6</b><br>During working hours or next day  |
| Neutropenia/Neutrophilia | <b>Inpatients:</b> <ul style="list-style-type: none"> <li>• ED/acute admissions area – telephone if <b>&lt;1.0</b></li> <li>• Haematology /oncology ward or day unit – not required</li> <li>• All other inpatient locations<br/><b>&lt; 0.5</b></li> </ul> <ul style="list-style-type: none"> <li>• No requirement to telephone where previous day was also low and telephoned</li> </ul> <b>Outpatients: &lt;0.5</b> <ul style="list-style-type: none"> <li>• (no requirement to telephone if requesting doctor is a haematology or oncology consultant)</li> </ul> |

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| Revision: 1                | Issue Date: 21/09/21 | Authorised by: Cheryl Barker   | Review interval: 1 year    |



| Test   | EPA-wide criteria  |
|--|--|
|  | <p><b>GP samples &lt;0.5</b></p> <p>No requirement to telephone high neutrophils</p>   |
| <p>Thrombocytopenia /Platelets<br/><b>(ensure blood film is reviewed before telephoning)</b></p> | <p><b>&lt; 20</b></p> <ul style="list-style-type: none"> <li>No requirement to telephone where previous days result telephoned and &lt;20</li> <li>No requirement to telephone to haematology ward or day unit</li> </ul> <p>No requirement to telephone high platelets</p>  |
| Blood film   | <ul style="list-style-type: none"> <li>Suspected acute leukaemia</li> <li>TTP</li> <li>1<sup>st</sup> presentation Platelet &lt;20</li> <li>1<sup>st</sup> presentation CML with WBC &gt;100</li> <li>1<sup>st</sup> presentation Haemolytic Anaemia Hb &lt;80g/l</li> <li><b>discuss immediately with haematologist</b></li> </ul>  |
| Coagulation/Clotting studies   | <ul style="list-style-type: none"> <li>PT/APTT only if prolonged and clinical details state bleeding/major haemorrhage protocol</li> <li>PT/APTT unobtainable results, telephone requester for repeat sample urgently.</li> <li>No need to telephone high APTTR results for patients on unfractionated heparin.</li> <li>Fibrinogen &lt; 2.0g/L</li> <li>INR &gt; 5</li> </ul> |
| Malaria screen   | <ul style="list-style-type: none"> <li>Any positive</li> </ul>   |
| Sickle screen  | <ul style="list-style-type: none"> <li>Not required</li> </ul>   |
| ESR  | <ul style="list-style-type: none"> <li>Not required</li> </ul>   |
| Direct Coombs  | <ul style="list-style-type: none"> <li>Not required</li> </ul>   |

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