



# Laboratory Service Manual

**Lab Dept:** Hematology

**Test Name:** RETICULOCYTE COUNT

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## ***General Information***

**Lab Order Codes:** RETB

**Synonyms:** Retic Panel; Retic Count, Whole Blood; Retic

**CPT Codes:** 85045 – Reticulocyte count, flow cytometry  
**or**  
85044 – Reticulocyte count, manual

**Test Includes:** % Retics; Immature Retic Fraction (IRF) and Absolute Retics

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## ***Logistics***

**Test Indications:** Useful for evaluating erythropoietic activity in patients with hemolytic anemia, hemorrhage, uremia, aplastic anemia, aplastic crisis of hemolytic anemia, thalassemia, pernicious anemia, sideroblastic anemia, after bone marrow transplant, and after treatment for iron deficiency anemia and megaloblastic anemia.

**Lab Testing Sections:** Hematology

### **Phone Numbers:**

Minneapolis: 612-813-6280

Saint Paul: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 4 hours

**Special Instructions:** **Do Not** collect specimen while lipids are being infused.

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## ***Specimen***

**Specimen Type:** Whole blood

**Container:** Lavender top tube (EDTA) or Lavender Microtainer®

**Draw Volume:** 2 mL blood in a 5 mL EDTA tube or 0.5 mL in a Microtainer®



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**Processed Volume:** Same as Draw Volume

**Collection:** Fill to mark on tube or Microtainer®. Mix well by gentle inversion.

**Special Processing:** Lab Staff: **Do Not** Centrifuge.

**Patient Preparation:** None

**Sample Rejection:** Improper tube; clotted sample; underfilled tube; mislabeled or unlabeled specimens

## *Interpretive*

### **Reference Range:**

<b>Instrument Count:</b>	
<b>Age</b>	<b>Result (%)</b>
0 - 3 days:	4.3 - 8.3%
4 days - 6 months:	1.3 - 2.7%
>6 months:	0.7 - 2.8%
<b>Manual Miller Disc:</b>	
0 - 3 days:	2.0 - 70%
4 days - 6 months:	0.0 - 2.0%
>6 months:	0.5 - 1.5%

**Critical Values:** N/A

**Limitations:** In transfused patients, reticulocytes may decrease on a dilutional basis. An automated count is routinely reported, on rare occasion interfering substances mandate a manual count.

**Methodology:** Automated Cell Counter using Flow Cytometry.  
Back up Method is Manual Count using a Miller Disc.

**Contraindications:** Patients receiving a large number of transfusions.

**References:** Harmening DH (1997) Clinical Hematology and Fundamentals of Hemostasis, 3<sup>rd</sup> ed



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Oski and Nathan (1998) Hematology of Infancy and Childhood, 5<sup>th</sup> ed