## Lab Dept:

Hematology

Test Name:	RETICULOCYTE COUNT		
General Information			
Lab Order Codes:	RETB		
Synonyms:	Retic Panel; Retic Count, Whole Blood; Retic		
CPT Codes:	85045 – Reticulocyte count, flow cytometry		
Test Includes:	% Retics; Immature Retic Fraction (IRF) and Absolute Retics		
Logistics			
Test Indications:	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:	MIN Lab: 612-813-6280		
	STP Lab: 651-220-6550		
Test Availability:	Daily, 24 hours		
Turnaround Time:	4 hours		
Special Instructions:	N/A		
Specimen			
Specimen Type:	Whole blood		
Container:	EDTA Lavender top tube or EDTA Lavender Microtainer®		
Draw Volume:	Lavender (EDTA) 2 mL Vacutainer tube: Minimum fill volume of <b>1 mL</b> is required. Allow the tube to fill until the vacuum is exhausted, and blood flow ceases. Lavender (EDTA) Microtainer® tube: Minimum of <b>0.5</b> mL is required. To be used for neonates, collected volumes <1.0 mL, or when a capillary (skin puncture) collection is required		
Processed Volume:	Same as Draw Volume		

Collection:	Venipuncture or Capillary collection.		
Special Processing:	Lab Staff: <b>Do Not</b> Centrifuge. Testing is performed on whole blood		
Patient Preparation:	None		
Sample Rejection:	Improper tube; clotted sample; underfilled tube; overfilled tubes; mislabeled or unlabeled specimens		

## Interpretive

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Reference Range:	Instrument Count:		
	Age	Result (%)	
	0 - 3 days:	4.3 - 8.3%	
	4 days - 6 months:	1.3 - 2.7%	
	>6 months:	0.7 - 2.8%	
	Manual Miller Disc:		
	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.		
Methodology:	Fluorescent Flow Cytometry		
Contraindications:	Patients receiving a large number of transfusions.		
References:	Harmening DH (1997) Clinical Hematology and Fundamentals of Hemostasis, 3 <sup>rd</sup> ed		
	Oski and Nathan (1998) Hematology of Infancy and Childhood, 5 <sup>th</sup> ed		
Updates:	1/21/2014: CPT update. 9/26/2018: Update to lipemic specimen info.		
	4/2/2025: Updated volume requirements		