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**Lab Dept:** Hematology

**Test Name:** MORPHOLOGY

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***General Information***

**Lab Order Codes:** MORPH

**Synonyms:** Peripheral blood smear; Morphology-Pathology

**CPT Codes:** 85060 – Blood smear, peripheral, interpretation by physician with written report

The following will be added based on protocol for appropriate morphology evaluation  
85027 – complete (CBC) automated (Hgb, Hct, RBC, WBC, and PLT count)  
OR  
85025 – complete (CBC) automated (Hgb, Hct, RBC, WBC, and PLT count) and differential  
AND  
85045 – Reticulocyte, automated

**Test Includes:** Complete Blood counts and Reticulocyte count. Preparation and review of peripheral blood smears.

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***Logistics***

**Test Indications:** Useful for evaluation of RBC, WBC, and platelet morphology.

**Lab Testing Sections:** Hematology

**Phone Numbers:** MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 1 - 5 days

**Special Instructions:** Patient's diagnosis with a brief clinical history, including drugs the patient is receiving or has recently received, transfusion history, etc., are requested to facilitate interpretation.

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***Specimen***

**Specimen Type:** Whole blood

<b>Container:</b>	EDTA Lavender top tube or EDTA Lavender Microtainer®
<b>Draw Volume:</b>	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 mL</b> is required. To be used for neonates, collected volumes <1.0 mL, or when a capillary (skin puncture) collection is required
<b>Processed Volume:</b>	Same as Draw Volume
<b>Collection:</b>	Venipuncture or Capillary collection
<b>Special Processing:</b>	Lab Staff: Do NOT centrifuge. Process as whole blood.
<b>Patient Preparation:</b>	None
<b>Sample Rejection:</b>	Improper tube; clotted sample; underfilled tube; overfilled tube; mislabeled or unlabeled tubes

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### ***Interpretive***

<b>Reference Range:</b>	Interpretive report
<b>Critical Values:</b>	Presence of Blasts; however, if the presence of Blasts has been reported within the last 30 days no notification is necessary.
<b>Limitations:</b>	N/A
<b>Methodology:</b>	Light Microscopy
<b>References:</b>	Harmening (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
<b>Updates:</b>	3/21/2011: Critical value statement for Blasts previously listed as "Presence of Blasts". Qualifying statement added.  12/26/23: Morphology order includes Reticulocyte count  4/2/2025: updated volume requirements