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: 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: MIN Lab: 612-813-6280
STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 4 hours

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

Specimen

Specimen Type: Whole blood

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

Draw Volume: 2 mL blood in a 2 mL Lavender top tube OR 0.5 mL in an EDTA Microtainer®

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**

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<thead>
<tr>
<th>Reference Range:</th>
<th>Instrument Count:</th>
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<tbody>
<tr>
<td></td>
<td>Age</td>
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<tr>
<td></td>
<td>0 - 3 days:</td>
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<tr>
<td></td>
<td>4 days - 6 months:</td>
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<td>&gt;6 months:</td>
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**Manual Miller Disc:**

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Result (%)</th>
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<tr>
<td></td>
<td>0 - 3 days:</td>
<td>2.0 - 70%</td>
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<tr>
<td></td>
<td>4 days - 6 months:</td>
<td>0.0 - 2.0%</td>
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<tr>
<td></td>
<td>&gt;6 months:</td>
<td>0.5 - 1.5%</td>
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**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:**


**Updates:** 1/21/2014: CPT update.