

Date: March 15, 2011

To: Edmonton Zone
All physicians, Nursing Managers and Laboratory Directors and Managers

From: AHS Laboratory Services

Re: Complete Blood Count and WBC Differential Reporting (CBC and CBCD)

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Key Messages:

- Patients who require more than one Complete Blood Count (CBC) per day would rarely, if ever, benefit from a full White Blood Cell (WBC) differential each time. However, clinicians often want to have a differential performed periodically, albeit with lower frequency, thus order a recurring Complete Blood Count with WBC Differential (CBCD) rather than a CBC.
- In order to reduce unnecessary testing, in patients with regular blood work ordered, ***the differential will only be performed once each day.***
- Orders for subsequent CBCD will be automatically converted to a CBC after the first differential has been reported on any day. The next day and all subsequent days, the first CBCD request for the patient will be performed as requested. Any additional CBCD orders will be converted to a CBC.

Definitions:

- **Complete Blood Count (CBC)** - Includes hemoglobin, red cell indices, platelet count and white blood cell (WBC) count.
- **CBC and WBC differential (CBCD)** - Includes the above parameters as well as a differential leukocyte count and examination of red cell and platelet morphology when required.

Action Required:

- If more than one WBC differential count (CBCD) in a day is required because of a significant change in clinical status, a call to the laboratory will be necessary to request reporting of the WBC differential count.

Effective Date:

- This reporting format will commence on March 22, 2011.

For additional questions contact:

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This bulletin has been reviewed and approved by Dr. Robert Rennie and Dr. Raymond Lai