


Synnovis Haematology – All Sites.

Criteria for Telephoning **Critical** Results (first presentation).

Critical test	Critical results (First Presentation)	Comments	
White Cell Count	$\geq 100 \times 10^9/L$	Immediate telephone required for all first presentation.	Harmonised ESLs/Hub
	$\geq 50 \times 10^9/L$	<i>Critical Morphology review and telephone follow up based on abnormality after SpR referral.</i>	
Haemoglobin	≤ 70 g/L	Immediate telephone for all first presentation.	Harmonised ESLs/Hub
	≥ 190 g/L or HCT 0.550 L/L	Immediate telephone for all first presentation.	Harmonised ESLs/Hub
Platelet count	$\leq 30 \times 10^9/L$	Immediate telephone for all first presentation.	Harmonised ESLs/Hub
	$\leq 50 \times 10^9/L$	<i>Critical Morphology review by BMS and telephone follow up based on abnormality after SpR referral.</i>	Harmonised ESLs/Hub
	$\geq 1000 \times 10^9/L$	Immediate telephone for all first presentation.	Harmonised ESLs/Hub
Neutrophils	$\leq 0.50 \times 10^9/L$	Immediate telephone for all first presentation.	Harmonised ESLs/Hub
ESR	≥ 100 mm/Hr	Immediate telephone for temporal arteritis . All other patients to be telephoned within 24 hours.	Harmonised ESLs/Hub

Critical test	Critical results (First Presentation)	Comments	
Blood Film Morphology	Presence of Blast Cells, suspected blast* and or Lymphoma cells.	Immediate telephone to Haematology SpR in first instance and critical blood film referral. Follow up Immediate telephone call by lab to treating clinician based on Haem SpR advice.	Harmonised ESLs/Hub
	Presence of RBC Fragments and or Spherocytes.		
	*New or relapsed acute leukaemia, TTP or possible DIC.		
Malaria Screen/Confirm	All new Positive.	Immediate Telephone Required & Inform ID consultants as appropriate at GSTT/KCH.	Harmonised ESLs/Hub

Clinical Approver:	Prof Beverley Hunt (Synnovis Strategic Clinical Lead)
Signature:	
Date:	02/04/2024