800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB	7/3/1952
Gender:	Male
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	00/00/0000 00:00

Blood Smear with Interpretation
ARUP test code 3001947

Blood Smear Interpretation   See Note

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 23-104-107023
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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4848

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Patient Report |**FINAL**

PERIPHERAL BLOOD SMEAR DIAGNOSIS:
- MILD NORMOCYTIC NORMOCHROMIC ANEMIA
- SEE COMMENTS.

COMMENTS: No significant population of acanthocytes are identified on peripheral smear. Causes for a mild anemia are broad, including blood loss, illness/infection, inflammatory conditions, nutritional deficiency, or drug effect. Please correlate clinically.

CLINICAL HISTORY:
A 70-year-old male with a h/oDM2, HTN, gout, HLD, sleep apnea, thyroid disease, CKD, TBI, PTSDpresenting for evaluation of tremor. This smear is a part of a chorea evaluation.
Indication for review: evaluate for acanthocytes

CBC ACCESSION: 23104702412
CBC DATE: 4/14/2023 10:47:00 AM

WBC: 6.81 k/uL
RBC: 4.78 M/uL
HGB: 13.2 g/dL
HCT: 40.1 %
MCV: 83.9 fL
MCH: 27.6 pg
MCHC: 32.9 g/dL
RDW: 13.1 %
PLAT: 272 k/uL

MANUAL WBC DIFFERENTIAL (100 cells)
Neutrophils: 51.0%
Lymphocytes: 26.0%
Monocytes: 13.0%
Eosinophils: 7.0%
Basophils: 3.0%

MORPHOLOGY
ERYTHROCYTES: mildly decreased, normocytic normochromic, mild anisopoikilocytosis with no acanthocytes identified, mild polychromasia
WHITE BLOOD CELLS: normal count, normal morphology
PLATELETS: adequate number, normal morphology

RESIDENT/FELLOW INVOLVED: ▮▮▮▮▮▮▮▮▮▮▮▮
ATTENDING: ▮▮▮▮▮▮▮▮▮

I certify that I have personally conducted the diagnostic evaluation on the above specimen(s) and have rendered the above diagnosis(es).

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Patient: Patient, Example
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Patient Report |**FINAL**

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Blood Smear Interpretation	23-104-107023	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical

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Patient: Patient, Example
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