

The Academy of Veterinary Clinical Pathology Technicians

Specific Sample Types

Case: 1 2 3

AVCPT CASE LOG # _____

Hematology

Complete Blood Count: All CBCs must be accompanied by the submission of a stained and unstained blood film and a copy of test results.

Automated CBC

Instrumentation Manufacturer: _____ Model: _____

Instrument Functional Principle: Light Scatter-Laser Flow Cytometry Impedance Quantitative Buffy Coat

Other (specify type) _____

Calibration Protocol (describe):

Quality Control Protocol: Internal External

Describe Quality Control Protocol:

Instrument Maintenance Protocol (describe):

Candidate Name _____

RESULTS AS PROVIDED BY THE INSTRUMENT (Attach a copy of the instrument printout. Include reference intervals, units.):

Manual Counts and Procedures Submit test results and one stained and one unstained blood film from the patient.

Differential Count

Specify the Type of Stain Used and the Stain Manufacturer: _____

Macroscopic Evaluation of the Quality of Blood Film:

WBC Estimate (include test units): _____

Describe WBC Estimation Method (include objective used, area of the blood film to be performed in, formula and calculation):

Platelet Estimate (include test units): _____

Describe Platelet Estimation Method (include objective used, area of the blood film to be performed in, formula and calculation):

Candidate Name _____

Manual Differential Results	Test Results (include units as needed)
WBC Estimate	
Myelocyte %	
Metamyelocyte %	
Band %	
Segmented neutrophils%	
Lymphocyte %	
Monocyte %	
Eosinophil %	
Basophil %	
Other cells (specify):	
Metarubricytes per 100 WBCs	
Platelet estimate	
Cellular Morphology Evaluation (List type of variation, inclusion, parasite and number of cells exhibiting each feature. If a subjective semi-quantitative method of enumeration (ex. "+s"; few, moderate, many, mild, moderate, marked) is used, identify the numeric criteria for the subject value ["+" 1-3, etc.]	
Erythrocyte Morphology:	
Leukocyte Morphology:	
Platelet Morphology:	
Other (specify):	

Candidate Name _____

Reticulocyte Count (submit two stained blood films from patient).

Specify the Type of Stain Used and the Stain Manufacturer: _____

Procedure (Explain):

Test	Test Results	Units
Reticulocyte percentage		
Absolute reticulocyte count		

Packed Cell Volume, Total Plasma Protein, Fibrinogen

Make and Model of Centrifuge: _____

Time from Sample Collection to Centrifugation: _____ min _____ hr Centrifugation: _____ min (as specified by the manufacturer)

Centrifugation Speed: _____ rpm Date of Last Centrifuge Service and Calibration: _____ / _____ / _____

Method of Centrifuge Calibration:

Make and Model of Refractometer: _____

Calibration Protocol (specify):

Candidate Name _____

Date of Last Calibration of Refractometer: ____ / ____ / ____

Refractometer Maintenance Protocol (specify):

Plasma Color: WNL Hemolysis Icteric Lipemic

Buffy Coat Color: _____

Buffy Coat Size: WNL Increased Decreased

Fibrinogen Procedure (explain):

Test	Test Results	Units
PCV		
Total Plasma Protein		
Fibrinogen		

Candidate Name _____