Abnormal Results for Communication in Routine Haematology

Based on the 2025 best practice recommendations of The Royal College of Pathologists for the communication of critical and unexpected pathology results, and by local clinical review.
The following haematology results are deemed critical if first presentation or there is a significant change in previous results. Results will be telephoned to requesting clinicians or NHS111 services depending on result criticality and time of sample testing. Critical results are communicated to the Haematology Doctor and the Clinical Team.

Parameter	Result
White cell count	≥100x10^9/L
Neutrophils	≤0.5x10^9/L
NRBCs	≥5.0x10^9/L in patients <1 month old (suspected HDFN)
Monocytes	≥3.0x10^9/L (in the presence of blast cells) *
Eosinophils	≥5.0x10^9/L
Basophils	≥5.0x10^9/L
Platelet count	≤30x10^9/L
	≥1000x10^9/L
Haemoglobin	≤70g/L (excluding trauma and bleeding)
	≥190g/L
	Significant unexplained drop
Haematocrit	≥0.550 L/L **
Blood film findings	Presence of blast cells or diagnosis suggestive of AML or ALL *
	Leucoerythroblastic picture
	Thrombocytopenia with presence of RBC fragments i.e., new TTP/MAHA
	Presence of a large number of spherocytes (particularly in context of anaemia)
	First presentation positive malaria screening

* In the case of possible blasts cells, the duty Haematology Consultant or Registrar will have the film referred for their review and confirmation. If required, they will then liaise with the requesting clinicians.
** When detected out of core hours (Monday to Friday 9:00 – 17:00), results will be phoned in the next working day.

Clinical approval:	Dr Andrew Doyle (Synnovis Strategic Clinical Lead for Haematology)
Signature: