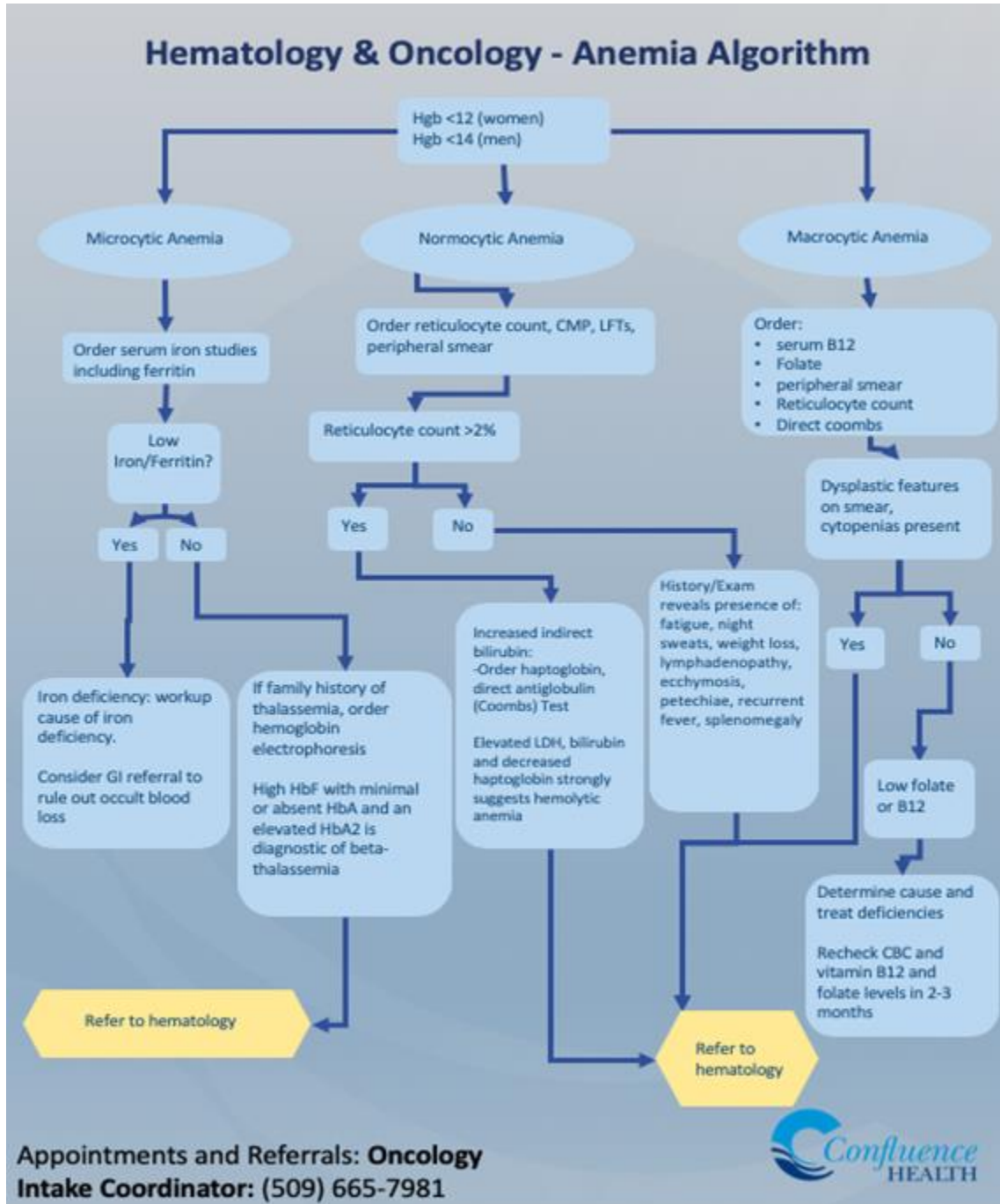


Confluence Referral Guidelines: Hematology

Recommendations prior to referral

Anemia algorithm with specifics under headings below



1. Microcytic Anemia:

- a. CBC
- b. Ferritin
- c. Iron studies (TIBC, serum iron, iron saturation)
- d. Rule out occult GI blood loss
- e. Consider GI evaluation for any male with iron deficiency, any non-menstruating female with iron deficiency

2. Macrocytic Anemia:

- a. CBC
- b. Serum B12
- c. Serum Folic Acid
- d. Reticulocyte count
- e. TSH
- f. LDH
- g. SPEP

3. Normocytic Anemia:

- a. Consider similar labs as Microcytic and Macrocytic Anemia)

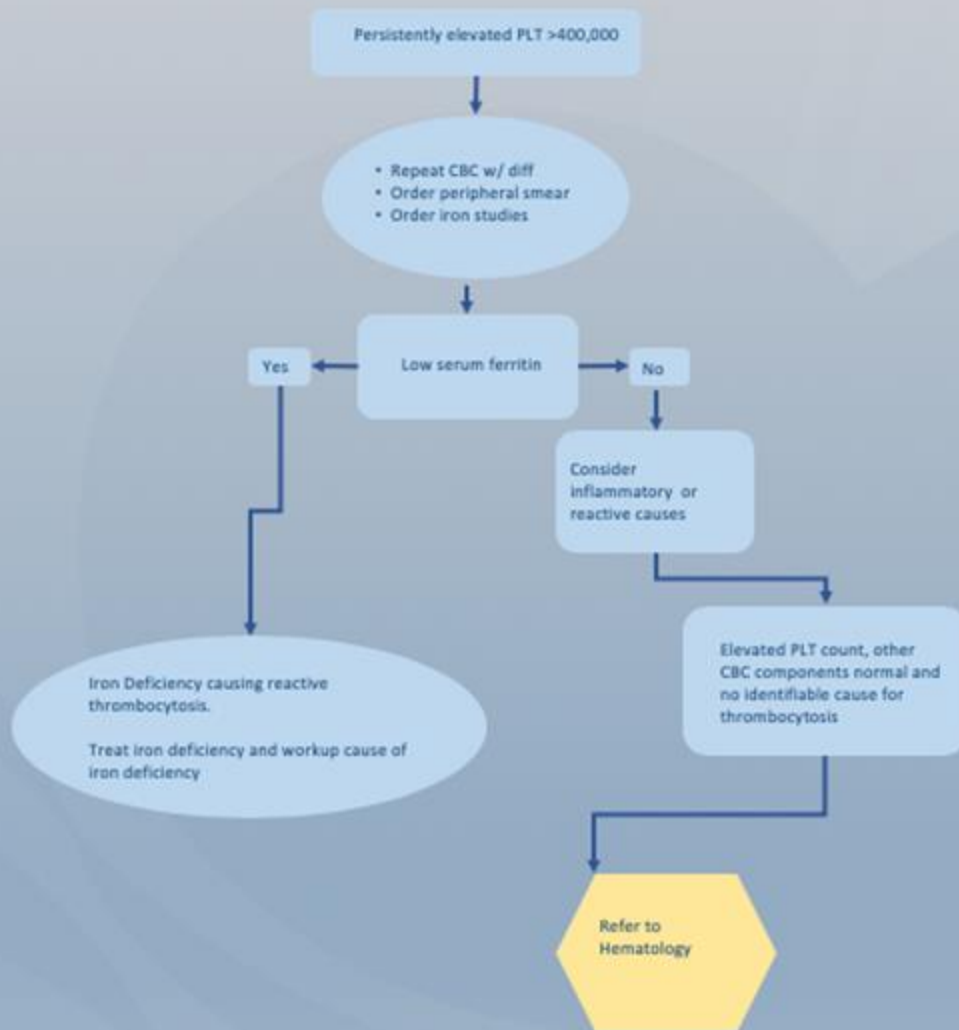
4. Erythrocytosis (hgb >16.0 in women, >16.5 in men):

- a. CBC
- b. Oxygen saturation RA at rest, and with activity
- c. Erythropoietin level
- d. Consider evaluation for hypoxia or sleep apnea as clinically indicated
- e. Peripheral blood for JAK-2 gene mutation if low EPO, and above normal

5. Monoclonal gammopathy:

- a. CBC
- b. CMP
- c. SPEP (serum protein electrophoresis)
- d. IEP (immunoelectrophoresis)
- e. Quantitative IgG, IgA, IgM
- f. Serum free light chains

Hematology & Oncology - Thrombocytosis Algorithm

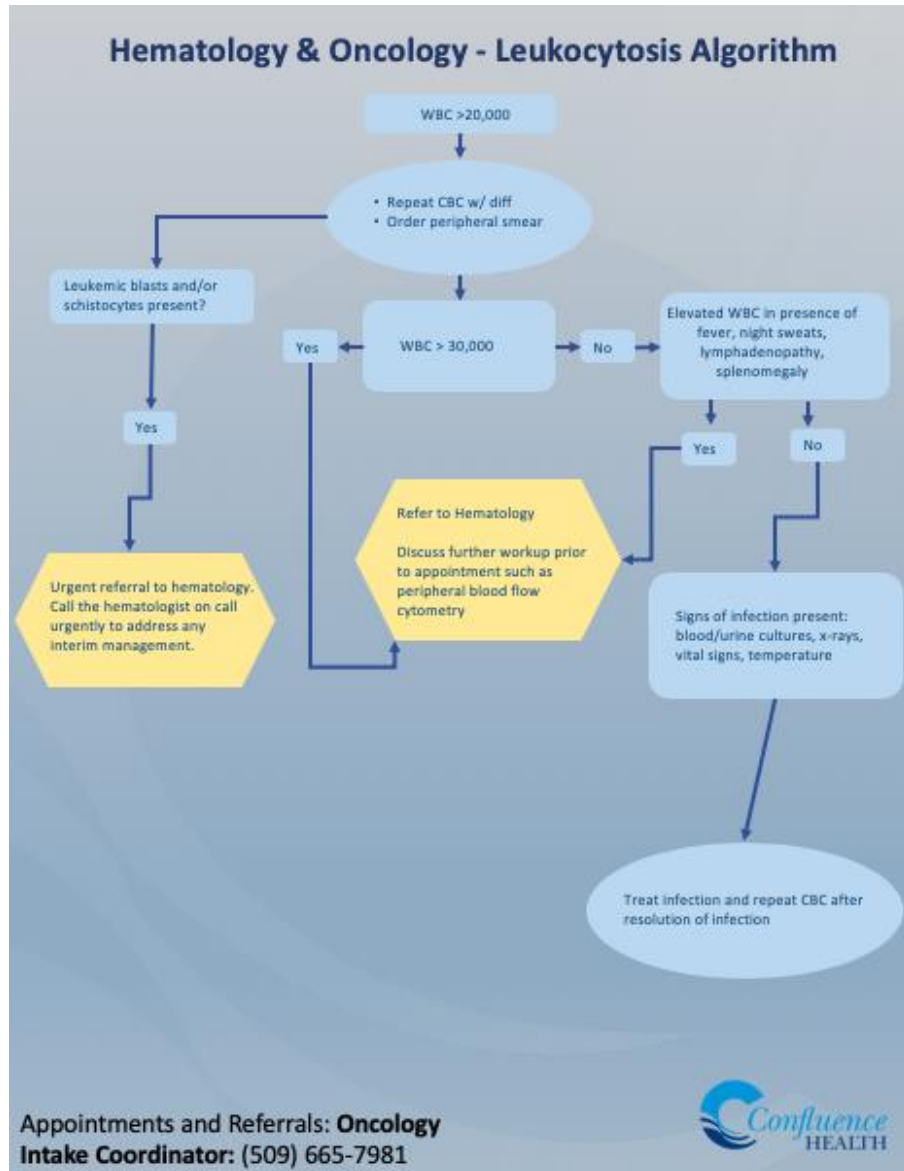


Appointments and Referrals: **Oncology**
Intake Coordinator: (509) 665-7981



6. Thrombocytosis (>450,000):

- CBC
- Ferritin
- Iron studies
- Consider inflammatory causes/reactive causes, with CRP and ESR as indicated
- If above negative, peripheral blood for JAK-2 gene mutation



7. **Lymphocytosis (Absolute lymphocyte count greater than 5.0):**
- a. CBC
 - b. Peripheral blood for flow cytometry
 - c. Physical exam with attention to adenopathy, hepatosplenomegaly