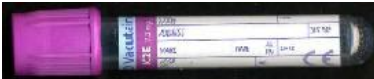
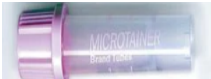




Reticulocyte Count

Synonyms	Retic
Clinical Indication	Distinguish between causes of anaemia and monitor bone marrow response.
Part of Profile / See Also	FBC performed with every Reticulocyte count.
Request Form	Combined Pathology manual blood form or ICE request
Availability / Frequency of Analysis	On request. If urgent request forms should be marked accordingly.
Turnaround Time	Same day, if urgent within one hour of receipt
Patient Preparation	None required
Sample Requirements	
Specimen Type	Whole blood
Volume	3 or 4mL
Container	 Purple top (EDTA) tube.  Paediatric lavender top or red top (EDTA) tube
Reference Range & Units	<p>Adult Reticulocyte count 50-100x10⁹L</p> <p>Adult Reticulocyte percentage 0.5-2.5%</p> <p>For paediatric ranges please contact laboratory or see laboratory report.</p>
Interferences	Delay in sample reaching laboratory (>12 hours). Underfilled, clotted or haemolysed samples. Samples should not be taken whilst patient is on a drip or receiving a blood transfusion.
Interpretation & Clinical Decision Value (if applicable)	The reticulocyte count is an important marker of bone marrow activity. High reticulocyte counts are related to an increased production of red blood cells to overcome chronic or severe loss of mature red blood cells, such as in a haemolytic anaemia. Low reticulocyte counts can be attributed to chemotherapy, aplastic anaemia, pernicious anaemia, bone marrow malignancies, problems of erythropoietin production, various vitamin or mineral deficiencies (iron, vitamin B12, folic acid), disease states (anaemia of chronic disease) and other causes of anaemia due to poor RBC production.
References	Dacie and Lewis Practical Haematology 12th edition 2017.
Test code	RETI
Lab Handling	No special requirements