

## **ANNOUNCEMENT**

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**Date:** April 19, 2011

Dear Valued Clients:

Foundation Laboratory is pleased to announce that effective April 20, 2011, a New Hematology Analyzer will be used with some changes in our CBC reports.

In our constant effort to provide our clients with the latest innovations and cutting edge technology, we are excited to announce that Foundation Laboratory will begin using the Sysmex XE2100C analyzer to provide you with a new comprehensive blood count. The new comprehensive blood count is an extension of the traditional CBC. It now provides a 6-part automated differential instead of 5 and an additional clinical parameter, Immature Reticulocyte Fraction (IRF) reported when reticulocyte count is ordered and is another assessment of the incorporation of iron into erythrocyte hemoglobin and thus another estimate of the functional availability of iron into the erythron. The new tests are available to you as rapidly as the traditional CBC and require no additional blood.

The automated differential, which is performed using fluorescent flow cytometry, now includes Immature Granulocytes (IG), and a reportable automated Nucleated Red Blood Cell (NRBC) counts.

The IG count indicating a shift to the left (% and absolute #) includes metamyelocytes, myelocytes, and promyelocytes. Comparison testing shows excellent correlation to the manual differential.

Preliminary studies have indicated that the automated IG count shows promise as an early screen for sepsis or infection. The ability to provide a more accurate and precise automated immature granulocyte count without performing a manual differential will decrease Turn around Time and provide you with results sooner.

Automated enumeration of NRBC counts, if present, will also be reported using the same powerful fluorescent flow technology. As you may know, the presence of even one NRBC in peripheral blood is a significant finding. Using the automated technology allows rapid and accurate detection of NRBCs even at low numbers. The automated NRBC count compares favorably with the manual and flow cytometric methods, has a high degree of precision and wide range of linearity. The ability to report accurate, automated NRBC counts and a corrected WBC count without performing a manual differential and manual calculation of corrected WBC represent a significant advancement in clinical hematology. The benefit to the patient and the physician is greater efficiency in workflow and improved patient care.

Sincerely,

Reza M. Massoumi, Ph.D.  
Laboratory manager