



# Provision of Film Review with requests for Full Blood Examination

Ongoing technological improvements mean you can have confidence in the automated cell counters to select samples requiring a film.

As such, film reviews for FBEs are only necessary if they are required to answer a specific question or convey previously unknown information back to the referrer.

## What does all this mean?

- If you expect a film to be normal do not request a film.
- If there is an abnormality flagged by the analyser that warrants review, a film will be made and reviewed regardless of the absence of a request.
- If you expect a film to be abnormal, tell the morphologist what you are looking for. If there are no abnormalities of the parameters or analyser flags, a film will not be made. If there are abnormalities, the morphologist is more likely to appreciate and report them, when provided with relevant clinical information.

## Background

Melbourne Pathology applies an algorithm to all FBE requests to automatically determine which results would benefit from a film review. The following steps inform this process:

1. Computer interrogation of the clinical notes for key words. This process depends on entry of a clinical note and legibility of the writing. Use of computer generated requests/electronic referrals will assist this. The vast majority of referrals contain no clinical information. Studies have shown that sensitivity for detection of minor changes is dependent on prior knowledge of the likely possible pathology.
2. Automated cell counters are highly sensitive to the most significant changes in the sample and are capable of triaging samples that require further review with a film and those that don't. There are a limited number of subtle abnormalities that may be missed. Most are of no clinical significance.
3. There is an allowable range, outside of the normal range, within which no additional information is usually derived by film review. These auto-authorisation limits will allow FBE release with borderline abnormal results. The limits are set according to clinical relevance of the minor change.
4. Delta flags highlight variation between historic and current results. When employed, they provide a further discriminator of the need for a film review.
5. Some tests routinely have a film performed regardless of whether it is requested, e.g. cell surface markers.