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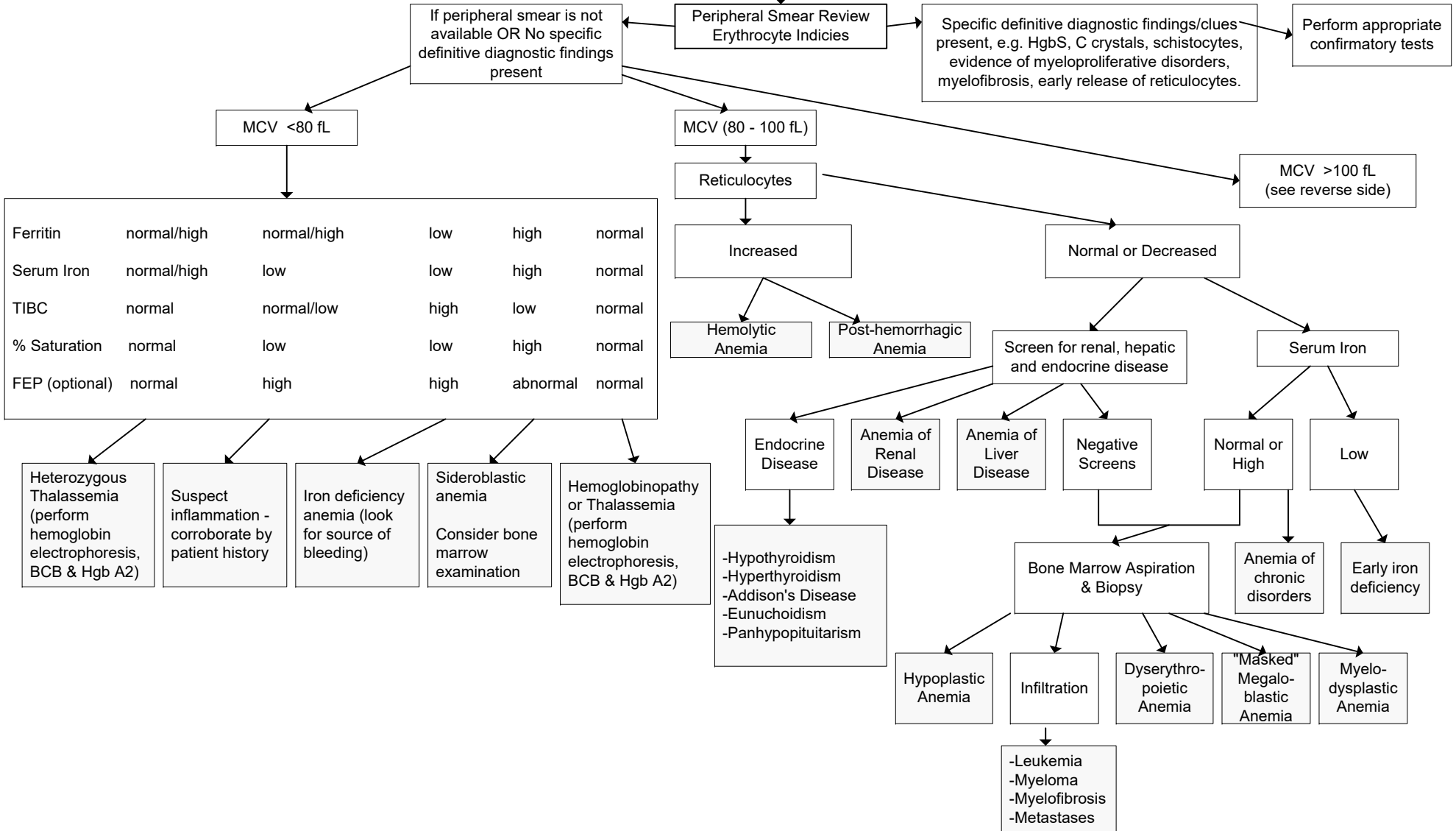
## Laboratory Evaluation of Anemia in Adults

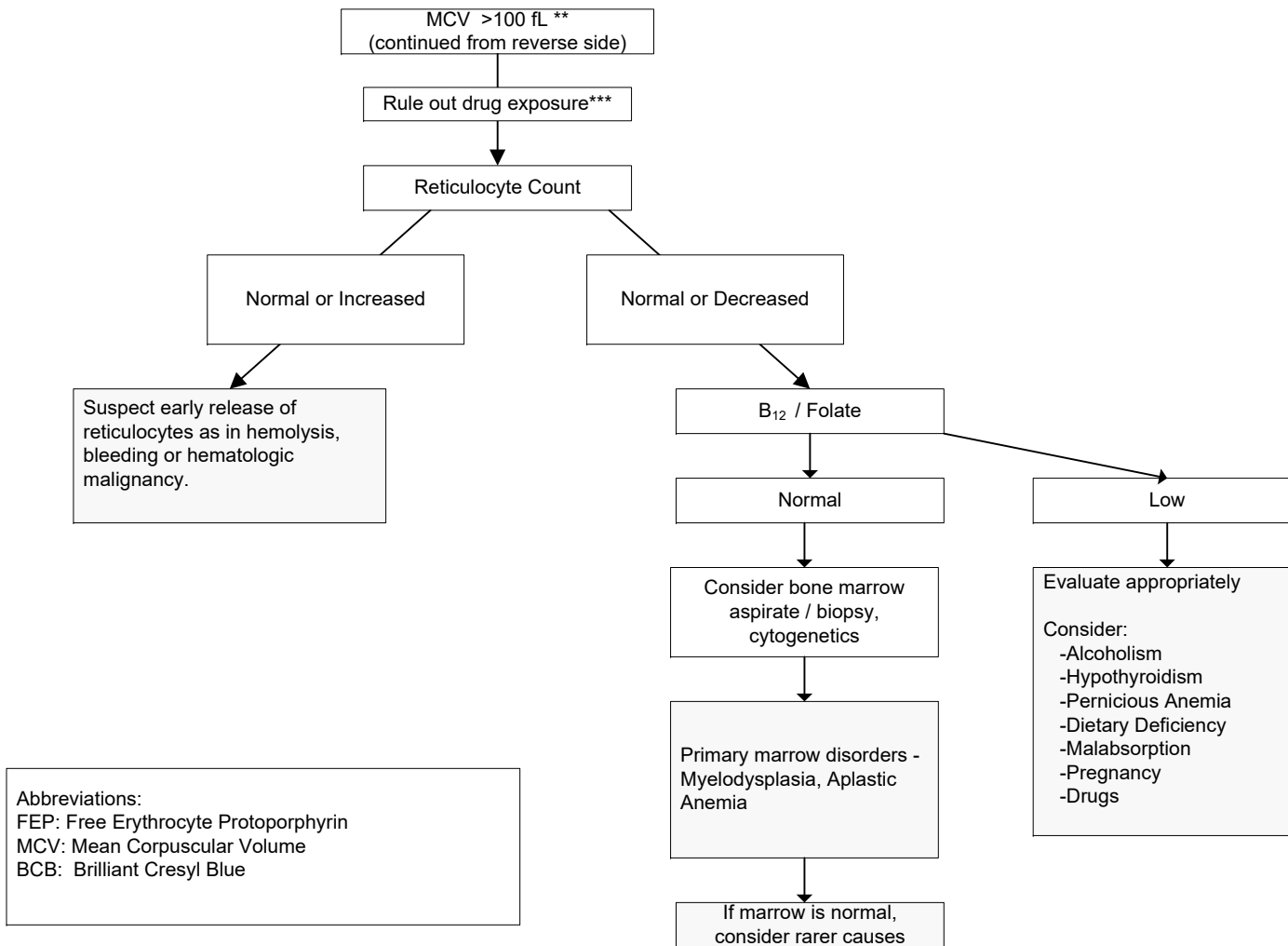
Washington State Clinical Laboratory Advisory Council

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

Establish that anemia is present after correlation with history and physical exam:

	<u>Hemoglobin</u>	<u>Hematocrit</u>
Female:	<12 gm/dl	<35 L/L
Male:	<13 gm/dl	<40 L/L





Abbreviations:  
 FEP: Free Erythrocyte Protoporphyrin  
 MCV: Mean Corpuscular Volume  
 BCB: Brilliant Cresyl Blue

\*\*Artificial macrocytosis, determined by automated counters, may be caused by cold agglutinins, hyperglycemia, marked leukocytosis, RBC clumping, intracellular hypersensitivity.

\*\*\*Some drugs that may cause macrocytosis: alcohol, chemotherapy drugs, zidovudine, anti-convulsants, oral contraceptives, triamterene, sulfasalazine, sulfamethoxazole, trimethoprim, colchicine, PASA, neomycin, nitrous oxide

References:  
 1. Beuerlein, Frank. Testing Strategies for Anemias. Laboratory Management. December 1988.  
 2. Lee, G. Richard, Bithell, Thomas C., Foerster, John, Athens, John, Lukens, John. Wintrobe's Clinical Hematology, Edition 10, 1999.

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