LabWire

September 2025

Changes in the reporting of reactive lymphocyte and updates to ranges and comments applied to iron study tests (iron, ferritin, transferrin/TIBC) will be implemented on **September 2, 2025**.

Reporting of reactive lymphocytes and abnormal lymphocytes within a complete blood count: Change from quantitative to qualitative results.

Reactive lymphocytes and abnormal lymphocytes will no longer be reported separately as absolute values and relative percentages within a complete blood count. Reactive lymphocytes are most commonly seen in acute viral infections such as Epstein-Barr virus (EBV) infection, cytomegalovirus infection, and hepatitis. Lymphocytes labeled by the laboratory as abnormal lymphocytes often represent circulating lymphoma cells, however, these cells may also represent atypical-appearing reactive lymphocytes. These subpopulations of lymphocytes will now be included in the absolute lymphocyte value and relative lymphocyte percentage. The presence of reactive lymphocytes and abnormal lymphocytes will be reported as a flagged abnormal qualitative result of "present", see figure below for Epic test patient example.

The purpose of this change is to include these subpopulations as a part of the overall lymphocyte population in order to highlight an absolute lymphocytosis if present.

Epic test patient example with new qualitative lymphocyte comments.

Component Ref Range & Units (hover)	
Neutrophils %	42
Lymphocytes %	48
Lymphocyte Comment	Reactive Lymphocytes Present !
Monocytes %	6
Eosinophils %	2
Basophils %	2

Component Ref Range & Units (hover)	
Neutrophils %	47
Lymphocytes %	44
Lymphocyte Comment	Abnormal Lymphocytes Present !
Monocytes %	6
Eosinophils %	2
Basophils %	1

Reference

Foucar, Kathryn; Kaaren Reichard; and David Czuchlewski. "Bone Marrow Pathology, 4th ed." (2019).

Questions on Reactive Lymphocyte Reporting: Please contact Renee Eigsti MD eigstir@bronsonhg.org, or Connor Brueck MLS(ASCP) brueckc@bronsonhg.org