IFB0100EN
Version 001, valid from 20.10.2026

NEW

New Nomenclature for the Microscopic Differential Blood Count

Optimisation of Reports

Dear colleagues,
dear members of the medical practice team,

To improve the precision of reporting, from **1st November 2026** we will adopt the nomenclature recommended by the German Society of Haematology and Medical Oncology [Deutsche Gesellschaft für Hämatologie und Onkologie (DGHO)][1] for our microscopic differential white blood cell count. These changes affect only the presentation of laboratory reports when a microscopic differential white blood cell count (MDIFF) has been performed. The test request procedure remains unchanged.

What is changing in the report?

Morphologically abnormal lymphocytes will now be divided into two categories, separate from typical lymphocytes, and recorded as percentages. This will allow for better clinical interpretation.

- Atypical lymphocytes, probably reactive [%] (formerly referred to as "reactive forms"):
  These are more suggestive of a reactive origin, e.g. in the context of viral infections (e.g. EBV, CMV).

- Atypical lymphocytes, probably neoplastic [%] (formerly referred to as "atypical lymphocytes"):
  These are more suggestive of a systemic haematological disorder. They raise suspicion of a lymphoid neoplasm and may require further investigation, depending on the findings.

- Other [%]: This category includes lymphoid cells that cannot be clearly classified (e.g. plasma cells, cells of uncertain nature). The "Other" category is accompanied by a comment providing a descriptive assessment.

- Smudge cells [%]: These will now be reported separately as a percentage. As they may occur in infections, lymphomas (particularly CLL; see box on the following page) and acute leukaemias, they are considered diagnostically non-specific.

- Erythroblasts (formerly referred to as "normoblasts"): These will now be reported separately as a count per 100 leukocytes. They do not form part of the percentage differential white blood cell count.

→ Continued on next page

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Important laboratory information

Diagnostic Feature of Chronic Lymphocytic Leukaemia (CLL):

- Formation of smudge cells: CLL cells are extremely fragile mechanically. They rupture easily during the preparation of a blood film, resulting in an increased number of so-called smudge cells.
- Increase in the total lymphocyte count: CLL cells may appear largely unremarkable morphologically and are therefore classified as typical lymphocytes. Only morphologically abnormal CLL cells, e.g. prolymphocytes or cells with nuclear indentations or atypical chromatin, are classified as "atypical lymphocytes, probably neoplastic". Consequently, the disease is primarily identified as pathological by a significant increase in the total lymphocyte count.

Note:
If CLL is suspected or smudge cells are observed in the report, please always check the **absolute lymphocyte count in the automated full blood count**. If CLL is suspected, further haematological investigation, particularly immunophenotyping, is required.

Do you have any questions or wishes?
Our customer service team is available via email at international@ganzimmun.de or by phone on +49 6131 7205-0, Monday to Friday between 8 a.m. and 7 p.m.

With collegial regards

Dr. med. Zickgraf
Medical Director

References:
1. Baurmann H et al. (2011) Lymphozytenmorphologie im Blutausstrich – Vorstellung einer überarbeiteten Nomenklatur und Systematik/Lymphocyte morphology in the peripheral blood film: proposal of a revised nomenclature and systematics. J Lab Med, 35(5):261–270.

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