

# LabMed Report

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In this issue: **Munson Medical Center**  
**Immature Granulocyte (IG) Reporting**

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William Kanner, MD  
Steven Weindorf, MD  
Nate Greenman, MLS(ASCP)  
Kate Haywood, MLS(ASCP)  
Editors

With the implementation of the Sysmex testing platform for Complete Blood Counts (CBC), there is an IG (Immature Granulocyte) result on automated differentials.

## Common questions and answers:

- **What cell types are included in IG?** Metamyelocyte, myelocyte and promyelocyte
- **Does IG include blasts?** No, blasts are reported separately. They are detected and flagged by the instrument then manually reviewed by a scientist (with a reflex to pathologist review if blasts are indeed present).
- **Does IG include acute promyelocytic leukemia (APL) blasts?** No, APL blasts are reported separately under the blast count
- **Does the analyzer reliably detect APL blasts?** Yes
- **What is the trigger for a manual differential to be performed based on the IG result?**
  - If the analyzer detects  $\leq 5\%$  IGs and there are no other flags for the scientist to review, the differential will be reported automatically (without scientist review).
  - If the analyzer detects  $> 5\%$  IGs or there are other flags triggering a scientist review; a manual differential will be performed.
- **Why do some differentials use “IG” while others use “metamyelocyte, myelocyte, and promyelocyte”?**
  - “IG” is used in the automated differential
  - “metamyelocyte, myelocyte, and promyelocyte” are used in the manual differential.
- **What is the reason for this change?**  $< 5\%$  IGs in the peripheral blood is common. Manually reviewing differentials with  $< 5\%$  IGs and no other flags for review is time consuming and extremely low yield (literature available upon request). Allowing automated differentials for low numbers of IGs makes our laboratory more efficient.
- **What if my patient has  $< 5\%$  IGs, but I am still concerned and would like someone to review the smear?** Order a pathologist review of peripheral smear
- **What if I want more information on IG?** Please contact Hematology x56118 or Dr. Steven Weindorf x56108.