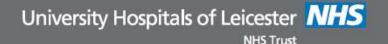
REFERRAL GUIDELINES



MACROCYTOSIS

Macrocytosis With/without anaemia High Mean Cell Volume (MCV)* Repeat FBC to ensure not spurious (e.g. delayed transport/ overheating etc.)

*A high MCV can be a normal physiological finding in pregnancy

Check

- Alcohol history
- Medication (e.g. methotrexate, metformin, some anticonvulsants, hydroxycarbamide, antiretroviral drugs etc.)
- Blood Film
- Vit B12 and folate
- Reticulocyte count/LDH
- LFT
- TFT
- Serum immunoglobulins
- Serum Free Lite assay
- Family history

Consider referral to Haematology if:

- No secondary cause and MCV
 >105fL if other cytopenias or
 >110fL in the absence of other cytopenias
- No history of liver disease
- Dysplasia/blasts on blood film
- Paraprotein detected
- No response to Vit B12/ Folate replacement in deficient patients

If Vit B12/folate deficient and Hb <80g/L or other cytopenias

Repeat FBC with reticulocyte count 5-7 days after starting replacement therapy

Refer urgently if no increase in reticulocyte count or Hb (may be underlying haematological disorder)

Title: UHL Haematology Referral Guidelines

Active Date: April 2025

Reference: COM3757 (14) Owner: Linda Barton

Author: Linda Barton

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