

**McLaren Print System Order**

**Order No: 46497 Reprint Previous Order No: 20066**  
**Order Date: 2019-06-26**  
**User: Sara Ruppel**  
**Phone: (810) 396 -5753**

**Ship Location: MML Hematology Attn: Sara Ruppel**  
**4000 S Saginaw St**  
**Flint, MI 48507**

**Forms**

**Quantity: 1000**  
**Paragon Dept No: 24445**  
**Dept Name: Hematology**  
**Company Number: 850**

**Order Total Price: 335.00**

**Item Number: MML-0012**  
**Item Description: Flow Cytometry Laboratory Requisition Form**  
**Revision Date: 6/2019**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info: 2 part; black and white; page 2 is ds**

**McLaren MEDICAL LABORATORY** Flow Cytometry Laboratory Requisition Form

**PATIENT INFORMATION**

LAST NAME FIRST MIDDLE  
 ADDRESS  
 CITY STATE ZIP TELEPHONE  
 HOSPITAL/CLINIC NAME INCUBATOR # DATE OF BIRTH M F  
 MEDICAL RECORD # LABORATORY CODES (SEE ALSO PAGE 2)

**PHYSICIAN INFORMATION**

Send copy of report to Physician  
 DR # \_\_\_\_\_ PHONE # \_\_\_\_\_

**Specimens (Time (See back for acceptable specimen times))**

Peripheral Blood  
 peripheral blood smear  
 copy of the most recent WBC and differential

Bone Marrow  
 right  
 left  
 bilateral  
 other please specify \_\_\_\_\_

Fresh Tissue (Lymph Nodes, Spleen, etc.)  
 please specify \_\_\_\_\_

Fine Needle Aspiration  
 please specify \_\_\_\_\_

Other Body Fluids (CSF, Pleural, Peritoneal, etc.)  
 please specify \_\_\_\_\_

Copy of most recent CBC with differential and info.

Bronch Washing (CD4/CD8 Ratio)

**Patient Clinical History/Diagnosis/Requests**

**Suspected Diagnosis**

Non-Hodgkin Lymphoma (NHL)  
 \_\_\_ B-Cell \_\_\_ T-Cell  
 \_\_\_ Follicular Lymphoma  
 \_\_\_ WM/CL Lymphoma  
 \_\_\_ Mantle Cell Lymphoma  
 \_\_\_ Burkitt or Large B-Cell

Plasma Cell Dyscrasia/Multiple Myeloma  
 Hodgkin Lymphoma

Chronic Lymphoproliferative Disorder  
 \_\_\_ CLL/SLL \_\_\_ Hairy Cell Leukemia (HCL)

Acute Leukemia  
 \_\_\_ AML \_\_\_ ALL \_\_\_ MFC

Myeloproliferative Neoplasms (MPN)  
 \_\_\_ CMV \_\_\_ PV \_\_\_ ET

Myelodysplastic Syndrome (MDS)  
 \_\_\_ CMML

NOS/Other \_\_\_\_\_

**Patient Status**

New Diagnosis  
 Relapse  
 Monitoring  
 Remission

**Diagnosis**

None  
 Current please specify \_\_\_\_\_  
 14 Months please specify \_\_\_\_\_  
 Induction date ago \_\_\_\_\_

Flow Cytometry Panels will be run from information completed in the Patient Clinical History/Diagnosis section and other laboratory results submitted with the specimen.