

McLaren Print System Order

Order No: 52432 Reprint Previous Order No: 20066
Order Date: 2020-02-06
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 types))

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

Bone Marrow
 right
 left
 bilateral
 other please specify _____
 Copy of most recent CBC with differential and info.

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

Fine Needle Aspiration
 please specify _____

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

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

Myelodysplastic Neoplasms (MDS)
 ___ CMML ___ PV ___ ET

Myelodysplastic Syndrome (MDS)
 ___ CMML

NOS/Other _____

Patient Status

New Diagnosis
 Relapse
 Monitoring
 Remission

Diagnosis

None
 Current please specify _____
 14 Month please specify _____
 Induction days 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.