FLOW CYTOMETRY

McLaren Medical Laboratory
4000 S. Saginaw Street
Flint, Michigan 48507
(810) 396-5716

C.L.I.A. No. 23D2027105

CLIENT / ORDERING PHYSICIAN

PATIENT NAME Last	First	Initial		
PATIENT ID (Medical Record No.)	Sex	Birthdate M	D	Y
PATIENT ADDRESS		PHONE# ( )		
CITY	STATE	ZIP		

ADDITIONAL INFORMATION
❑ PREVIOUSLY AVAILABLE IN SYSTEM

COLLECTION DATE: TIME: AM PM	ENCOUNTER NO.

PRESUMPTIVE DIAGNOSIS:

I understand that Medicare does not cover some tests (*), routine screens, or annual physicals. If Medicare denies payment, I agree to be personally and fully responsible for payment. SIGNATURE: (Medicare Beneficiary) _____ Date

CONTACT McLAREN MEDICAL LABORATORY PRIOR TO SENDING SPECIMENS. STORE AT ROOM TEMP. - SPECIMEN MUST BE RECEIVED WITHIN 24 HOURS.

SPECIMEN TYPE:

❑ Bone Marrow G or ACD
- ❑ 4 unstained marrow asp. smears
- ❑ peripheral blood smear
- ❑ copy of the most recent WBC, platelet and Differential

❑ Peripheral Blood G or ACD and LAV
- ❑ peripheral blood smear
- ❑ copy of the most recent WBC and differential

❑ Fresh Tissue (Lymph Node, Spleen, etc.)
- ❑ Minced tissue submerged in tissue culture medium (or saline)

❑ Other Body Fluids (CSF, Pleural, Peritoneal, etc.)
- ❑ Please specify _____

LEUKEMIA/LYMPHOMA IMMUNOPHENOTYPING

❑ LEUKEMIA/LYMPHOMA IMMUNOPHENOTYPING

Physician's Daytime Phone ( ) ___ ___ ___ - ___ ___ ___ ___

Off Hours Phone or Page# _____

Physician's Assessment (THIS INFORMATION IS ESSENTIAL FOR PROCESSING)

❑ Presumptive Diagnosis:
- ❑ Acute Leukemia
- ❑ CLL
- ❑ Hairy Cell Leukemia
- ❑ Lymphoma
- ❑ Other _____

IMMUNE MONITORING

❑ ACQUIRED IMMUNODEFICIENCY PROFILE ACD (or G) AND *
(T-Cell Subsets only/T4:T8 Ratio, CD4: CD8 Ratio, CD4 count)
- ❑ HIV Antibody Positive
- ❑ Non-HIV Viral Infection
- ❑ Other (Specify) _____

***For Acquired and Primary Immunodeficiencies, attaching results of WBC Count and % Lymphocytes from same draw is preferred for most accurate results. If not available, send a Lavender tube from same draw.**

White: Lab Office Copy
Canary: Flow Lab Copy
Pink: Client Copy

ACD = Pale Yellow (Acid Citrate Dextrose)

G = Green Top (Sodium Heparin)

LAV = Lavendar