

McLaren Print System Order

Order No: 63817 Reprint Previous Order No: 20066
 Order Date: 2021-07-23
 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: 10/2020
 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 | | CLINIC/ORDERING PHYSICIAN | |
| LAST NAME FIRST MIDDLE | | | |
| ADDRESS | | | |
| CITY | STATE ZIP TELEPHONE | ADDITIONAL INFORMATION | |
| COUNTY # | DATE OF BIRTH | REQUIRING SITE: BMT CARD CENTRAL EAST LANSING | |
| WEIGHT | SEX | LOWER MICHIGAN NORTHERN OAKLAND PORTLAND | |
| INSURANCE INFORMATION INCLUDED | | ST LOUIS TULSA OTHER | |
| SHIPMENT CODES | | Send copy of report to: Position | |
| | | Fax # Phone # | |

Specimen Type (Use box for acceptable specimen type)

| | |
|---|--|
| <input type="checkbox"/> Peripheral blood | <input type="checkbox"/> Fresh Tissue (Lymph Node, Spleen, etc.) |
| <input type="checkbox"/> peripheral blood smear | <input type="checkbox"/> please specify _____ |
| <input type="checkbox"/> copy of the most recent CBC and differential | <input type="checkbox"/> Fine Needle Aspiration |
| <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> please specify _____ |
| <input type="checkbox"/> right | <input type="checkbox"/> Other Body Fluid (CSF, Pleural, Peritoneal, etc.) |
| <input type="checkbox"/> left | <input type="checkbox"/> please specify _____ |
| <input type="checkbox"/> bilateral | <input type="checkbox"/> please specify _____ |
| <input type="checkbox"/> other please specify _____ | <input type="checkbox"/> Bone Marrow CD4/CD8 Ratio |
| <input type="checkbox"/> Copy of most recent CBC with differential and note | |

Patient Clinical History/Diagnosis: Required

| | | |
|---|---|--|
| Suspected Diagnosis | <input type="checkbox"/> Acute Leukemia | Patient Status |
| <input type="checkbox"/> Non-Hodgkin Lymphoma (NHL) | ___ AML ___ ALL ___ MDS | <input type="checkbox"/> New Diagnosis |
| ___ B-Cell ___ T-Cell | <input type="checkbox"/> Multisystemic Neoplasia (MSNP) | <input type="checkbox"/> Relapse |
| ___ Follicular Lymphoma | ___ CMV ___ PV ___ ET | <input type="checkbox"/> Monitoring |
| ___ MALT Lymphoma | <input type="checkbox"/> Myelodysplastic Syndrome (MDS) | <input type="checkbox"/> Remission |
| ___ Mantle Cell Lymphoma | ___ CMML | |
| ___ Burkitt or Large B-Cell | <input type="checkbox"/> NOS/Other | |
| <input type="checkbox"/> Plasma Cell Dyscrasia/Multiple Myeloma | | |
| <input type="checkbox"/> Hodgkin Lymphoma | <input type="checkbox"/> NOS/Other | |
| <input type="checkbox"/> Chronic Lymphoproliferative Disorder | | |
| ___ CLL/SLL ___ Hairy Cell Leukemia (HCL) | | |

Diagnosis:

None
 Current please specify _____
 in Remission please specify _____
 Induction (don't apply)

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