

McLaren Print System Order

Order No: 6124  
Order Date: 2014-09-29  
User: Amie Hughson  
Phone: 810-396-5736

Ship Location: McLaren Medical Lab - Hematology / Amie Hughson  
4000 S Saginaw St  
Flint, Mi 48507

Forms

Quantity: 100  
Paragon Dept No: 34160  
Dept Name: McLaren Medical Lab - Hematology  
Company Number: 60

Order Total Price: 18.35

Form Number: MHCC-23112  
Form Description: Flow Cytometry  
Revision Date: 3/2013  
Print: 1 sided black and white  
Paper: 3 Part (White, Yellow, Pink)  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill: None

**FLOW CYTOMETRY**  
McLaren Medical Laboratory  
4000 S Saginaw St  
Flint, MI 48507  
Call for Details  
QUEST - PLYMOUTH, MI 48178

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

**SPECIMEN TYPE:**  
 Bone Marrow  
 Urinary Bladder Washings  
 Cervix  
 Sputum  
 CSF  
 Other (Specify): \_\_\_\_\_

**LABORATORY INFORMATION:**  
Physician or Requester Name: \_\_\_\_\_  
Requester Phone: \_\_\_\_\_  
Physician Assistant Name (if applicable): \_\_\_\_\_  
Physician Assistant Phone (if applicable): \_\_\_\_\_

**URGENT MONITORING:**  
The Requester will Primary Responsibility for ensuring that the results of this test are used to guide patient care. The Requester will be responsible for ensuring that the results of this test are used to guide patient care.