

McLaren Print System Order

Order No: 57955
 Order Date: 2020-10-29
 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		ADDITIONAL INFORMATION	
CITY STATE ZIP TELEPHONE	ACCOUNT # DATE OF BIRTH SEX M F	REQUESTING SITE: BMT CARE CENTRAL EAST LANSING	
WEIGHT HEIGHT	INSURANCE INFORMATION INCLUDED	LOWER MICHIGAN NORTHERN OAKLAND PORTLAND	
BARCODE	SEND COPY OF REPORT TO: POSITION	ST LOUIS YALOW OTHER	
	PH #	FAX #	

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 platelets	

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"/> Multiple Myeloma (MM)	<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)		
<input type="checkbox"/> None		
<input type="checkbox"/> Current	please specify _____	
<input type="checkbox"/> in Remission	please specify _____	
<input type="checkbox"/> Induction	date: ___/___/___	

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

Spec Info: