

Flow Cytometry Laboratory Requisition Form

PATIENT INFORMATION				CLIENT/ORDERING PHYSICIAN:	
LAST NAME		FIRST	MIDDLE		
ADDRESS					
CITY	STATE	ZIP	TELEPHONE	ADDITIONAL INFORMATION:	
COLLECTION DATE/TIME		ENCOUNTER #:	DATE OF BIRTH		
____/____/____				<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL RECORD #:				REQUESTING SITE: BAY CARO CENTRAL FLINT LANSING LAPEER MACOMB NORTHERN OAKLAND PORT HURON ST. LUKE'S THUMB OTHER: _____	
INSURANCE INFORMATION INCLUDED <input type="checkbox"/>				Send copy of report to: Physician: _____	
DIAGNOSIS CODES: (ENTER ALL THAT APPLY)		1	2	Fax #: _____ Phone #: _____	

SPECIMEN TYPE (See back for acceptable specimen types)	
<input type="checkbox"/> Peripheral Blood <input type="checkbox"/> peripheral blood smear <input type="checkbox"/> copy of the most recent WBC and differential <input type="checkbox"/> Bone Marrow <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> bilateral <input type="checkbox"/> other/please specify _____ <input type="checkbox"/> Copy of most recent CBC with differential and retic	<input type="checkbox"/> Fresh Tissue (Lymph Node, Spleen, etc.) <input type="checkbox"/> please specify _____ <input type="checkbox"/> Fine Needle Aspiration <input type="checkbox"/> please specify _____ <input type="checkbox"/> Other Body Fluids (CSF, Pleural, Peritoneal, etc.) <input type="checkbox"/> please specify _____ <input type="checkbox"/> Bronch Washing CD4: CD8 Ratio

PATIENT CLINICAL HISTORY/DIAGNOSIS: REQUIRED		
Suspected Diagnosis: <input type="checkbox"/> Non-Hodgkin Lymphoma (NHL) ___ B-Cell ___ T-Cell ___ Follicular Lymphoma ___ MALT Lymphoma ___ Mantle Cell Lymphoma ___ Burkitt vs Large B-Cell <input type="checkbox"/> Plasma Cell Dyscrasia/Multiple Myeloma <input type="checkbox"/> Hodgkin Lymphoma <input type="checkbox"/> Chronic Lymphoproliferative Disorder ___ CLL/SLL ___ Hairy Cell Leukemia (HCL)	<input type="checkbox"/> Acute Leukemia ___ AML ___ ALL ___ APL <input type="checkbox"/> Myeloproliferative Neoplasias (MPD) ___ CML ___ PV ___ ET <input type="checkbox"/> Myelodysplastic Syndrome (MDS) ___ CMMoL <input type="checkbox"/> NOS/Other: _____	Patient Status: <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> Monitoring <input type="checkbox"/> Remission
Therapy: <input type="checkbox"/> None <input type="checkbox"/> Current please specify _____ <input type="checkbox"/> >1 Month please specify _____ <input type="checkbox"/> Induction _____ days ago	COMMENT BOX: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

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

ACCEPTABLE SPECIMEN TYPES FOR LEUKEMIA/LYMPHOMA TESTING

SOURCE	SPECIMEN REQUIREMENTS	STORAGE REQUIREMENTS
Peripheral Blood*	EDTA, Sodium Heparin or ACD (A or B Solution)	Room Temperature, 18-25° C
Tissue	RPMI Transport Media (5% Newborn Calf Serum), NaCl	Refrigerated at 2-8° C
Body Fluids (including CSF)	Original container or RPMI Transport Media (5% Newborn Calf Serum)	Refrigerated at 2-8° C
Fine Needle Aspirate	Original container or RPMI Transport Media (5% Newborn Calf Serum)	Refrigerated at 2-8° C
Bone Marrow**	Sodium Heparin or ACD (A or B Solution)	Room Temperature, 18-25° C

Minimum Volumes:

Peripheral Blood: 3 mL

Bone Marrow, CSF: 1 mL

Body Fluids: 5 mL

* Peripheral Bloods: Please include an EDTA specimen and recent CBC with differential results.

** Bone Marrow: Please include recent CBC with differential and retic results along with two unstained bone marrow aspirate slides. If patient has received treatment, the CBC must be from post treatment.

ACCEPTABLE SPECIMEN TYPES FOR CD4/8 TESTING

SOURCE	SPECIMEN REQUIREMENTS	STORAGE REQUIREMENTS
Peripheral Blood	EDTA, Sodium Heparin or ACD (A or B Solution)	Room Temperature, 18-25° C

Minimum Volumes:

Peripheral Blood: 3 mL

Please include an EDTA specimen and/or a CBC with differential from the **same draw time**.