



Flow Cytometry Laboratory

London Health Sciences Centre-Victoria Hospital

Room D1- 202

800 Commissioners Rd.,

London, ON

N6A 5W9

Phone 519 685-8500 Ext 57450

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Hours of Operation: Monday to Friday 0800-1700hrs

Please fill in or place addressograph label here:

Patient Name: _____

Health Card #: _____

Location/Ward: _____

Date of Birth: _____

Referring Centre: _____

Note: Please send samples within 1 hour of collection. On Fridays or before a Stat Holiday, samples must be received in Flow Cytometry by 1300hrs.

Clinical Information: _____

Ordering Physician: _____

Collected By: _____

Date Collected (YYYY/MM/DD) & Time: _____

- Specimen Type:
- Blood
 - Bone Marrow
 - Biopsy Type: _____
 - Other: (Specify) _____

- Test:
- CD4/CD8 (5 mL Peripheral Blood in EDTA) New Patient
 - (Immunodeficiency Screen) Follow-up
 - Unexplained Lymphocytosis (5 mL peripheral blood in EDTA)
 - Leukemia (1 to 2 mL bone marrow aspirate in EDTA preferred **OR** 5 mL peripheral blood in EDTA)
 - Lymphoma (1 to 2 mL bone marrow aspirate in EDTA **OR** 5 mL peripheral blood in EDTA **OR** tissue biopsy/aspirate preserved in Medium 199)
 - Paroxysmal Nocturnal Hemoglobinuria (5 mL peripheral blood in EDTA)

SEND REPORTS TO: FAX NUMBER: _____

PHONE NUMBER: _____

ADDRESS INFORMATION: _____