

Flow Cytometry Requisition- External

Hours of Operation: Monday to Friday 0800-1700hrs

NOTE: Samples received after 3pm will be processed next day. If sending STAT samples please notify the Flow Cytometry lab when sending. On Fridays OR before a Statutory holiday, samples must be received in the Flow Cytometry lab by 1300hrs.

For Measurable Residual Disease (MRD) only use dedicated MRD requisition

COLLECTION INFORMATION

Hospital/Organization:

Ordering Physician:

Critical Result Contact:

Phone:

Collected By:

Date (YYYY/MM/DD):

Time (00:00hr):

PATIENT INFORMATION

Health Card No.:

Last Name:

First Name:

Date of Birth (YYYY/MM/DD):

Sex: M F Other

PERIPHERAL BLOOD (One tube, 2-4ml of peripheral blood in EDTA)

<input type="checkbox"/> Leukemia	<input type="checkbox"/> CD4/CD8 (Immunodeficiency Screen)	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Lymphocyte Subsets	<input type="checkbox"/> Lymphoma/Unexplained Lymphocytosis	
<input type="checkbox"/> Rituximab Monitoring (CD20/CD19)	<input type="checkbox"/> Paroxysmal Nocturnal Hemoglobinuria(PNH)	

BONE MARROW (1 to 2 ml of bone marrow aspirate in EDTA)

<input type="checkbox"/> Leukemia	<input type="checkbox"/> Myelodysplastic Syndrome/Cytopenia NYD	<input type="checkbox"/> Lymphoma Staging
<input type="checkbox"/> Anemia NYD	<input type="checkbox"/> Lymphoma/Unexplained Lymphocytosis	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Pancytopenia NYD	<input type="checkbox"/> Myeloma	

BIOPSY (Tissue biopsy/aspirate preserved in Medium 199)

Type:

Lymphoma

Other:

FLUIDS (Lavender EDTA or Red Vacutainer)

Type:

Lymphoma

CD4/CD8 Ratio (Bronchial Lavages Only)

Other:

CLINICAL INFORMATION/SUSPECTED DIAGNOSIS
