

FLOW CYTOMETRY REQUISITION
Requisition NOT for Hospital use

Place
LifeLabs Demographic Label
Here

Patient's Name: _____ HCN: _____

Patient's Date of Birth (dd/mm/yyyy): _____ Gender (M/F): M F

Date of Collection (dd/mm/yyyy): _____ Time of Collection: _____

Requesting Physician: _____ Institution Name: _____

Physician's Phone #: _____ Fax#: _____

Clinical information/ Provisional diagnosis: _____

Please select ONE of the following tests:

<p>NOTE: Samples will only be collected/accepted: Monday to Thursday</p> <p>Except for Absolute CD4, CD8 counts and CD4/CD8 ratio on ≥ 18 yrs: Monday - Wednesday</p>	Lymphocyte subset analysis	<p><input type="checkbox"/> Absolute CD4, CD8 counts and CD4/CD8 ratio: ≥ 18 yrs (TR#788) Collect Monday – Thursday Send one (1) EDTA tube (Lavender Top) of blood</p> <p><input type="checkbox"/> Absolute CD4, CD8 counts and CD4/CD8 ratio: < 18 yrs (TR#2092) Collect Monday – Wednesday Send one (1) EDTA tube (Lavender Top) of blood</p>
<p>SAMPLE INFORMATION (must be provided):</p> <p><input type="checkbox"/> Blood</p> <p><input type="checkbox"/> Bone marrow aspirate (2 mL)</p> <p><input type="checkbox"/> Fluid: _____ (Specify Site)</p> <p><input type="checkbox"/> Lymph node, excised site: _____</p> <p><input type="checkbox"/> Other Tissue (Specify): _____</p>	Immunophenotyping of hematolymphoid malignancies	<p><input type="checkbox"/> Blasts/ Acute leukemia immunophenotyping (TR#3054) Send one EDTA tube (Lavender Top) of blood one OR (1) Sodium Heparin tube (Green Top) of bone marrow Store and ship at room temperature.</p> <p><input type="checkbox"/> Myeloma immunophenotyping (TR#3054) Send one (1) Sodium Heparin tube (Green Top) of bone marrow. Store and ship at room temperature.</p> <p><input type="checkbox"/> Lymphoproliferative disease phenotyping (TR#3054)</p> <p>Blood & Bone marrow Aspirate <input type="checkbox"/> Send one (1) EDTA tube (Lavender Top) of blood OR Sodium Heparin tube (Green Top) of bone marrow. Store and ship at 20-25°C</p> <p>Excised lymph node (or other tissue) <input type="checkbox"/> Send ~5mm³ tissue in normal sterile saline, enough to cover tissue. Store and ship at 2-8°C – DO NOT FREEZE</p> <p>Fine Needle Aspirate (FNA) or Fluid <input type="checkbox"/> Send in sterile screw cap container. Store and ship at 2-8°C – NO NOT FREEZE</p>
<p>For reports status inquiries contact LifeLabs Customer Care Centre: 1-877-849-3637</p> <p>For technical inquires contact Flow Cytometry at: 416-675-4530 Ext. 46809 OR 42096</p> <p>For results interpretation inquiries, please call: 416-675-4530 Ext. 42040 OR 42944</p>		<p><input type="checkbox"/> PNH (TR#3054) Send one (1) EDTA tube (Lavender Top) of blood Transfusion History, Current CBC and 1 unstained blood slide</p>

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