

Benefits of providing COMPLETE and LEGIBLE information:

- Reduces turn around time when processing patient samples
- Promotes patient safety through reduced transcription errors

Patient Identification MUST include:

- ✓ First and last name
- ✓ PHN or unique identifier
- ✓ Date of Birth

Department of LABORATORY MEDICINE

ADDRESS: _____
 SITE: _____
 DOCTOR: _____

FLOW CYTOMETRY

REQUISITION

Location: RUH SCH SPH Other: _____

Requesting Physician: _____

Copies of Report to 1) _____

2) _____

Collection Date & Time: _____

**Failure to supply
required
information will
lead to delays in
service**

**Collection Date
& Time must be
provided**

Clinical Information: (past & present)

Clinical
Information
must be fully
completed

Specimen type and site (source)

- Peripheral Blood CSF
- Bone marrow (specify site): _____
- Lymph Node (specify site): _____
- Biopsy (specify site): _____
- Fluid (specify site): _____
- Other (specify type & site): _____

Test Requested:

- CD4C8 (CD3/CD4/CD8, T Cell Subsets in Peripheral Blood (Percent and Absolute values)
CD34P Absolute CD34 (HPC); pre-harvest only
- FLOWC all other testing by Flow Cytometry (specify)
 - Lymphoma, Chronic Lymphocytic Leukemia
 - Acute Leukemia
 - Myeloma or other plasma cell dyscrasia
 - Other (specify) _____

NOTE: Adequate clinical information is essential for accurate diagnosis.

IF YOU CHOOSE TO PRINT THIS DOCUMENT, IT IS VALID ONLY ON DAY OF PRINT.