

FLOW CYTOMETRY REQUISITION

IMMUNOLOGY LABORATORY
76 Stuart Street, Douglas 4, Room 8-402
Kingston, ON K7L 2V7
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| Hospital ID No. (CR No.): | |
| Patient Name: (Last) (First) | |
| Date of Birth (yyyy-mm-dd): | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Health Card Number (HCN): | Version Code: |
| Address: | |
| City/Town: | Province: Postal Code: |
| Specimen Collected by: | Date: Time: |
| Ordering Physician: | Physician Signature: |
| Ordering Physician's OHIP Billing Number: | |

| FLOW CYTOMETRY FOR MALIGNANT HAEMATOLOGY | |
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| CLINICAL INDICATION FOR INVESTIGATION | |
| <input type="checkbox"/> Acute Leukemia (AML/ALL) <input type="checkbox"/> Lymphocytosis or LPD <input type="checkbox"/> MDS/CMML <input type="checkbox"/> Cytopenias <input type="checkbox"/> Plasma Cell Dyscrasia <input type="checkbox"/> Other: _____ | |
| INVESTIGATION REQUIRED: | |
| <input type="checkbox"/> Diagnostic | <input type="checkbox"/> Staging or Follow-up |
| CURRENT THERAPY: | |
| <input type="checkbox"/> Anti-CD20 (eg: Rituximab, Obinutuzumab) <input type="checkbox"/> Anti-CD19 (eg: Blinatumomab, CD19-CAR-T cell) <input type="checkbox"/> Anti-CD38 (eg: Daratumumab, Isatuximab) <input type="checkbox"/> Other immune-targeted therapy: _____ | |
| SPECIMENS: | |
| <input type="checkbox"/> Peripheral Blood | 1 lavender top EDTA tube CBC & DIFF REQUIRED |
| <input type="checkbox"/> Bone Marrow Aspirate | 1 lavender top EDTA tube |
| <input type="checkbox"/> CSF | Sterile Container (no additive) |
| <input type="checkbox"/> Body Fluid or FNA Anatomic Site: | Sterile Container (no additive) |
| <input type="checkbox"/> Excised LN or other Tissue Anatomic Site: | Sterile Container (in sterile saline) |

| FLOW CYTOMETRY FOR IMMUNE STATUS | |
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| CELLULAR IMMUNODEFICIENCY SCREENING | |
| Specimen: | 1 lavender top EDTA tube CBC & DIFF REQUIRED |
| <input type="checkbox"/> TBNK Lymphocyte Subset Enumeration (includes CD4) <input type="checkbox"/> PNH (Paroxysmal Nocturnal Hemoglobinuria) Recent Transfusions: _____ | |
| Immunosuppressive Drug Therapy Monitoring | |
| Specimen: | 1 lavender top EDTA tube CBC & DIFF REQUIRED |
| <input type="checkbox"/> Rituximab Therapy <input type="checkbox"/> ATG/Anti-CD3 Therapy for Transplant <input type="checkbox"/> Other Biologic Therapy: _____ | |
| FLOW CYTOMETRY SPECIALTY SEND OUT TESTING | |
| <input type="checkbox"/> Pediatric MRD (London Health Sciences Centre) <input type="checkbox"/> Other: MUST be authorized by Hematopathologist ➤ Complete testing laboratory requisition ➤ Specimen sent off site and requires overnight transport. Must be received in lab by 1300hrs to meet transport schedule. ➤ DO NOT collect on Fridays (or last day of week) | |
| LABORATORY INFORMATION | |
| Hours of Specimen Receipt: | Monday to Thursday 0800-1600 Friday 0800-1300 |
| Weekends & Statutory Holidays: | Closed |
| Specimens received after 1300hrs on Friday may be rejected for testing unless pre-arranged with Hematopathologist | |