|  |  |
| --- | --- |
| **REQUESTOR’S INFORMATION** | **PATIENT’S INFORMATION** |
| **Facility Name:** |  | **Name:** |  |  |  |
|  |  |  | Last | First | Middle |
| **Facility Address:** |  | **Address:** |  |
| Street, Room No. | **Street** |
|  |  |  |  |  |  |
| City/Town | Province | Postal Code | **City/Town** | **Province** | **Postal Code** |
| **Location:** |  | **Hospital ID No. (CR No.):** |  |
| **Phone Number:** |  | **Health Card Number (HCN):** |  |
| **Fax Number:** |  | **Health Card Version:** |  |
|  | **Exp Date:** |  |
| **Ordering Physician:** |  | YYYYMMMDD |
|  | Print | **DOB:** |  | 🞏 **Male** | 🞏 **Female** |
| **Physician Signature:** |  |  | YYYYMMMDD |  |  |
|  |  |  |  |
| **Specimen Collected by:** |  |  | **Date:** |  | **Time:** |  |
|  |
| **FLOW CYTOMETRY FOR MALIGNANT HAEMATOLOGY** |  | **FLOW CYTOMETRY FOR IMMUNE STATUS** |
| **CLINICAL INDICATION FOR INVESTIGATION:** | **QUANTITATIVE CELLULAR IMMUNODEFICIENCY SCREENING** |
| 🞏 Acute Leukemia (AML/ALL) | 🞏 Lymphadenopathy | **Specimen:**  | 1 lavender top EDTA tube |
| 🞏 Myelodysplasia (MDS) | 🞏 Atypical Lymphocytes | 🞏 **TBNK Lymphocyte Subset Enumeration (includes CD4)** |
| 🞏 Cytopenias | 🞏 Lymphoma Staging |  |
| 🞏 Circulating Blast Cells | 🞏 Monoclonal Gammopathy | **IMMUNOSUPPRESSIVE DRUG THERAPY MONITORING** |
| 🞏 Lymphocytosis or LPD | 🞏 Plasma Cell Dyscrasia | **Specimen:** | 1 lavender top EDTA tube |
| 🞏 Other: |  | 🞏 **B cell Monitoring/Rituximab Therapy** |
| **CURRENT THERAPY:** | 🞏 **T cell Monitoring/Anti-Thymocyte Globulin (ATG) Therapy**🞏 **Other Biologic Therapy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 🞏 Rituximab/Obinutuzumab/Ofatumumab (anti-CD20) |  |
| 🞏 Daratumumab (anti-CD38) | **FLOW CYTOMETRY SPECIALTY SEND OUT TESTING** |
| 🞏 CD19-CART or Blinatumomab (anti-CD19)🞏 Other immune therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 **PNH** (Testing Facility – University Health Network) |
| **SPECIMENS:** | 🞏 **Pediatric MRD** (Testing Facility – London Health Sciences Centre) |
| 🞏 Peripheral Blood | 1 lavender top EDTA tube | * Complete appropriate Testing Facility Laboratory Requisition
* Specimen sent off site and requires overnight transport. Must be received in lab by 1300hrs to meet transport schedule.
* **DO NOT** send on Fridays or day prior to STAT Holiday
 |
| 🞏 Bone Marrow Aspirate | 1 green top sodium heparin tube |
| 🞏 CSF | Sterile Container (no additive) |
| 🞏 Body Fluid | Sterile Container (no additive) |  |
| Anatomic Site: |  | **LABORATORY INFORMATION** |
| 🞏 Solid Tissue  | Sterile Container (in sterile saline) | Hours of Operation | **Monday to Friday 0800-1600** |
| Anatomic Site: |  | Hours of Specimen Receipt | **Monday to Thursday 0800-1600** |
| 🞏 Fine Needle Aspirate  | Sterile Container (no additive) |  | **Friday 0800-1300** |
| Anatomic Site: |  | Statutory Holidays | **Closed** |
| 🞏 Bronchial Alveolar Lavage | Sterile Container (no additive) | * Please consider the pre-analytical TAT (including transportation), laboratory hours of operation and laboratory hours of specimen reception when sending a sample for flow cytometry testing.
* Specimens received after 1300hrs on Friday may be rejected for testing unless pre-arranged with laboratory medical director.
 |
| Anatomic Site: |  |
|  |
| **INVESTIGATION REQUIRED:** |
| 🞏 **Diagnostic** | 🞏 **Staging** | 🞏 **Follow-up** |