

Patient Name:	HCN:
DOB: Requesting Physician:	Gender:
Name	
Address	
Phone#	
Fax#	

FLOW CYTOMETRY REQUISITION	Address Phone# Fax#
Clinical Information/Reason f	for Test:
Select a Test	
Collected Monday – Thursday  CD4/CD8 count monitoring (TR#  For all age groups. Absolute and relative	CD3, CD4, and CD8 are provided as well as CD4/CD8 ratio
· · · · ·	or immunodeficiency (T,B,NK) (TR#3054) nvestigation and monitoring of treatments e.g. Rituximab, Ocrevus 08, CD56, CD57
	Lymphoproliferative Disorder (e.g.: CLL, T-LGL, Sezary, HCL)
Collected Monday – Thursday  Lymphoproliferative disorder in  For investigation of suspected B-cell or T-	mmunophenotyping (TR#3054)  cell lymphoproliferative disorders due to unexplained lymphocytosis – e.g.: CLL , T-LGL, Sezary syndrome, HCL
<b>Investigation of Acute Leuke</b>	mia
Collected Monday - Thursday  Acute Leukemia immunopheno For investigation of suspected acute leuke	otyping (TR#3054) emia e.g. circulating blasts, unexplained cytopenias, transformation of MDS or MPN
Investigation of Paroxysmal I  Collected Monday – Thursday  PNH Testing (TR#3054)	Nocturnal Hemoglobinuria (PNH)
Sample Requirements:	
COLLECTION DATE AND TIME:  SPECIMEN TYPE:  Blood Specimen: 4 ml in EDTA (lavender top). S FOR PHYSICIAN COLLECTED SPECIMENS/NON-PER	·

## **CONTACT INFORMATION**

Fine Needle Aspirate Site:

Body Fluid Source:

Tissue type: \_ Lymph node, Site: \_

For report status inquiries contact our Customer Care Centre: 1-877-849-3637

For technical inquiries contact the flow cytometry lab: 416-675-4530 Ext. 46809 OR 42096

For questions about interpretation of results contact our hematopathologists: 416-675-4530 Ext. 42040 OR 42944

Store and ship at 2-8°C – DO NOT FREEZE

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Store in 1mL of saline and ship at 2-8°C - DO NOT FREEZE

For Inquires, contact LifeLabs Customer Care Centre 1-877-849-3637