For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

FLOW CYTOMETRY LABORATORY REQUISITION

**REQUISITION MUST ACCOMPANY SPECIMEN TO FLOW CYTOMETRY LABORATORY **

Acceptance Policy 10-50-03 - Requirements for Test Requisitions 2.1 - All information marked with an * is mandatory and must be clearly legible. Failure to comply may result in specimen rejection.

ORDERING PROVIDER INFORMATION	
***Last & Full First Name:**	**Billing Code:**
***Ordering Facility:**	**Inpatient Location:**
Address:	
Critical Results Phone Number:	***Fax Number:**

PATIENT INFORMATION

*Last/First Name:
(as per MB Health Card)

* Date of Birth
(dd/mm/yyyy)
*Sex: Female Male
*PHIN:

*Alternate ID: **(include ID type with number ie. RCMP, SK, DND)**
MRN:

Encounter Number:

Demographics verified with: ❑ Prov. Health Card ❑ Armband ❑eChart/CR
Patient Phone No:
Patient Address:

COLLECTION INFORMATION

***Collection Facility/Lab:**

***Collection Date:**

***Collection Time:**

Referring Lab: **Check if samples shipped frozen ❑**

Number of tubes sent: Serum vial(s) ____ Plasma vials(p) ____

ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION	
Last & First Name:	**Billing Code:**
Phone #:	**Fax #:**

ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION	
Last & First Name:	**Billing Code:**
Phone #	**Fax #:**

***Clinical Information/Diagnosis:**

□ Lymphoma □ CLL □ Sezary Syndrome □ Hairy Cell
□ Mastocytosis □ Immune Deficiency □ Acute Leukemia
□ Other: _____

Recent Transfusion: □ No □ Yes Date: _____
Current Radiation/Chemotherapy Treatment: □ No □ Yes
Monoclonal Antibody Therapy: □ No □ Yes Generic Name: _____

LIS BARCODE LABEL

***Must be included for all testing excluding PB48 and FLFC**
□ **CBC with Automated Diff – Results Attached** □ **CBC with Automated Diff – Sent for Testing at Shared Health Site**

Immune Monitoring		
□ **PB48**	CD4 Count (CD3, CD4, CD8)	EDTA (< 48 hr)
□ **PBLS**	Lymphocyte Subset Enumeration (T, B, NK)	EDTA (< 48 hr)

Immunodeficiency Investigation		
□ **RTE4**	CD4+ Recent Thymic Emigrants *(Includes Naïve and Memory T Cells)*	EDTA (< 48 hr)
□ **PBBS**	Advanced B Cell Phenotyping	EDTA (< 48 hr)
□ **PBTS**	Advanced T Cell Phenotyping	EDTA (< 48 hr)
□ **TREG**	Regulatory T Cells	EDTA (< 24 hr)
□ **LAD**	Leukocyte Adhesion Deficiency *(Type I and II)*	EDTA (< 24 hr)
□ **OBRT**	Neutrophil Function – Oxidative Burst ***(Microtainer collections will be rejected)***	EDTA (< 24 hr)

Leukemia/Lymphoma Investigation		
□ **PBFC**	Peripheral Blood Immunophenotyping ***(Send 1 Unstained Smear)***	EDTA (< 72 hr)
□ **FLFC**	Fluid Immunophenotyping ***(CSF ONLY)***	RPMI (< 72 hr)

Miscellaneous		
□ **PNH**	Paroxysmal Nocturnal Hemoglobinuria	EDTA (< 48 hr)
□ **HSFC**	Hereditary Spherocytosis ***(Send 1 Unstained Smear)***	EDTA (< 48 hr)
□ **MIS8**	Referral tests require prior approval. Complete the Immunology/Hematology Approval for Testing Form [F150-100-100]	

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Winnipeg, MB R3A 1R9
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Fax: 204-787-2058

Additional requisitions and sample requirements available at:
https://apps.sbgh.mb.ca/labmanual/

Shared health Soins communs Manitoba