Alberta Health Services

Calgary Laboratory Services

Flow Cytometry
Foothills Medical Centre
1403 – 29th Street N.W.
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FLOW CYTOMETRY REQUISITION

PERSONAL HEALTH NUMBER (PHN) ____ ____ ____ ____ ____ – ____ ____ ____ ____ ____ | REGIONAL HEALTH RECORD NUMBER

ORDERING LOCATION:
☐ ACH ☐ FMC ☐ PLC ☐ RGH ☐ SHC ☐ OTHER _____
UNIT: _____

ORDERING PHYSICIAN (Include Full Name, Client # and Provider #)
Last Name
Full First Name
Client and Provider #

If required ☐ PHONE ☐ FAX to: _____ Number

PATIENT LAST NAME | FULL FIRST NAME | MIDDLE NAME

PATIENT ADDRESS | CITY, PROVINCE | POSTAL CODE

CHART NUMBER | GENDER | DATE OF BIRTH __ __ __ __ / __ __ __ / __ __ (Y Y Y Y M M M D D) | PATIENT PHONE NUMBER (__ __ __) __ __ __ - __ __ __ __

CLINICAL INFORMATION

HEMATOPATHOLOGY ☐ New Diagnosis ☐ Follow-up

CLINICAL/LABORATORY FINDINGS

- ☐ Cytopenia
- ☐ Lymphocytosis/Lymphoma
- ☐ Blasts/Acute Leukemia
- ☐ Monoclonal Peak/Plasma Cell

PERIPHERAL BLOOD SAMPLES

- ☐ LEUK LOMA PB
- ☐ ZAP-70 (CLL)

NON- PERIPHERAL BLOOD SAMPLES

☐ LEUK LOMA

- ☐ Bone Marrow
- ☐ BAL
- ☐ CSF mL: _____
- ☐ Tissue Site: _____
- ☐ Fluid Site: _____
- ☐ Other: _____

IMMUNODEFICIENCY INVESTIGATION

IDEF	☐	Immunodeficiency Screening Panel
MSA	☐	Mitogen/Antigen Stimulation Assay
NFUN	☐	Neutrophil Function – Oxidative Burst
WASP	☐	Wiskott Aldrich Syndrome Panel
ALPS	☐	Autoimmune Lymphoproliferative Syndrome Panel
LAD	☐	Leukocyte Adhesion Deficiency
LINK	☐	Hyper IgM Syndrome Screen
HLH	☐	Perforin/Granzyme B
TREG	☐	T Cells – Regulatory (Foxp3)
TCR	☐	TCR vβ Repertoire
ZAP	☐	ZAP-70 (SCID Investigation)
SORT	☐	Sorting for Maternal Engraftment (SCID investigation)

CELL SORTING AND CHIMERISM INVESTIGATION

Pre-transplant peripheral blood samples are not sorted:
Recipient ☐ DNAR PB
Donor ☐ DNAD PB

Post-transplant: _____ months post-transplant
Peripheral Blood (routine monitoring) ☐ DNAR PB
Bone Marrow (suspect relapse) ☐ DNAD BM

Cell subsets sorted are based on phenotype of disease:
Specify diagnosis: _____
☐ Myeloid ☐ T Cells ☐ B Cells ☐ NK Cells

IMMUNE MONITORING

CD4	☐	CD4 Count (CD3, CD4, CD8)
CD3	☐	CD3 Count (CD3, CD5)
LYMPH SUB	☐	Lymphocyte Subset Panel (CD3, CD4, CD8, CD19, CD16+56)
RITUXIM	☐	Rituximab Panel (CD45, CD3, CD16+56, CD19, CD20)

STEM CELL AND T CELL HARVESTING

CD34 PB	☐	CD34 Count – Peripheral Blood
CD34 COLL	☐	CD34 Count – Apheresis Collection
TADD COLL	☐	CD3 Count – Apheresis Collection

PLATELETS

PRET	☐	Platelet Reticulocytes
PAB	☐	Platelet Antibody Screen (serum) (includes Platelet Associated Immunoglobulin [PAIG])
PLAG	☐	Platelet Surface Markers
POOL	☐	Platelet Storage Pool Deficiency

ERYTHROCYTES

FMH PB	☐	Fetomaternal Hemorrhage (Peripheral Blood)
FMH IUT	☐	Fetomaternal Hemorrhage (Intrauterine Transfusion)
HS	☐	Hereditary Spherocytosis

NEUTROPHILS

NAB	☐	Neutrophil Antibody Screen (serum) (includes Neutrophil Associated Immunoglobulin [NAIG])

MISCELLANEOUS

B27	☐	HLA-B27
PLDY	☐	DNA Ploidy (Non-Blood / Paraffin Block)
PLDY PB	☐	DNA Ploidy (Peripheral Blood)
ILD	☐	Interstitial Lung Disease Site: _____
PNH	☐	Paroxysmal Nocturnal Hemoglobinuria Panel

OTHER

COLLECTED BY:	DATE COLLECTED: / TIME COLLECTED:	FOR LABORATORY USE ONLY:	ACCESSION NUMBER:

Laboratory Information Centre: 403-770-3600 www.calgarylabservices.com

COPY MUST BE SENT WITH SPECIMEN TO TESTING LAB