

SASKATOON HEALTH REGION

Saskatoon , Saskatchewan

Department of LABORATORY MEDICINE

HSN: _____ CHART: _____

NAME: _____

DATE OF BIRTH: _____ TELEPHONE: _____
(dd/mm/yyyy)

ADDRESS: _____

SITE: _____

DOCTOR: _____

FLOW CYTOMETRY

REQUISITION

Location: RUH SCH SPH Other: _____

Requesting Physician: _____

Copies of Report to 1) _____

2) _____

Collection Date & Time: _____

Clinical Information: (past & present)

Specimen type and site (source)

- q Peripheral Blood q CSF
- q Bone marrow (specify site): _____
- q Lymph Node (specify site): _____
- q Biopsy (specify site): _____
- q Fluid (specify site): _____
- q Other (specify type & site): _____

Test Requested:

- q **CD4C8** (CD3/CD4/CD8, T Cell Subsets in Peripheral Blood (Percent and Absolute values)
- q **CD34P** Absolute CD34 (HPC); pre-harvest only
- q **FLOWC** all other testing by Flow Cytometry (specify)
 - q Lymphoma, Chronic Lymphocytic Leukemia
 - q Acute Leukemia
 - q Myeloma or other plasma cell dyscrasia
 - q Other (specify) _____

NOTE: Adequate clinical information is essential for accurate diagnosis.