



Flow Cytometry Requisition Leukemia/Lymphoma Investigation



Name: _____ HCN: _____ Date of Birth: _____ DD/MONTH/YYYY	Physician Information (please use stamp) Physician's Signature: _____ Physician's Mnemonic: _____ Date of Request: _____ DD/MONTH/YYYY Telephone Number: _____
---	---

Referring Physician: (print) _____

Institution: _____

Signature: _____ Date Collected: _____ DD/MONTH/YYYY

Specimen submitted

Blood: _____ **Lymph Node:** _____ **Other (specify):** _____

Sample Collection:

Collect blood in EDTA (purple top) tubes. 10 mL from adults, 5 mL from children, 2-5 mL from infants. Lymph nodes and tissues should be transported in Flow Cytometry media (contact Flow Cytometry for media). Samples are to be kept between 4-8°C during shipping. Do not freeze!
 CD4/CD8 is to be sent room temperature.
 Samples outside St. John's should be shipped by same day or overnight courier.

Flow Cytometry Studies:

Lymphoma investigations: _____ PNH investigation: _____ CD4/CD8 ratio: _____

Leukemia investigation: _____

Ship asap to:

Flow Cytometry Lab, Room 1557,
 Health Sciences Centre, 300 Prince Philip Drive, St. John's, NL A1B 3V6 (709) 777-7704

Clinical history (brief), reason for investigation:

(Delays in processing specimen may occur if not filled out)
