



Flow Cytometry Laboratory Requisition

Guiyuan (Gwen) Li, MD, Hematopathologist (Director) • Bryan Teruya, MD, Hematopathologist

REQUIRED PATIENT INFORMATION

VERY IMPORTANT: Please include recent CBC results along with this form.

Hospital / Clinic Name _____	
Last Name _____	First Name _____ MI _____
Date of Birth _____	Gender: Male _____ Female _____
Ordering Physician and phone number _____	
Date Collected _____	<input type="checkbox"/> Specimen sent directly to Flow Lab (<i>preferred</i>) OR
Time Collected _____	<input type="checkbox"/> Specimen sent to CHI Health Laboratory to be split
Name of person filling out requisition _____	

DIAGNOSIS / HISTORY OF / REASON FOR ORDERING FLOW CYTOMETRY / CLINICAL SUSPICION:

FLOW CYTOMETRY ANALYSIS

Specimen:	<input type="checkbox"/> Peripheral Blood (ambient)	<input type="checkbox"/> CSF (refrigerated)	<input type="checkbox"/> Other Fluid (specify) _____ (refrigerated)
	<input type="checkbox"/> Bone Marrow (ambient)	<input type="checkbox"/> Lymph Node (refrigerated)	<input type="checkbox"/> Spleen (refrigerated)
	<input type="checkbox"/> Other Soft Tissue (specify) _____ (refrigerated)		

Please check appropriate indication and panel for Flow Cytometry analysis:

<input type="checkbox"/> Acute Leukemia	}	<input type="checkbox"/> AML/MDS PANEL
<input type="checkbox"/> Elevated blood counts /Myeloproliferative neoplasm		
<input type="checkbox"/> Low blood counts/Myelodysplastic syndrome (MDS)		
<input type="checkbox"/> Myeloproliferative neoplasm/Myelodysplastic syndrome		
<input type="checkbox"/> Absolute lymphocytosis	}	<input type="checkbox"/> LYMPHOMA PANEL
<input type="checkbox"/> Chronic lymphocytic leukemia (CLL)		
<input type="checkbox"/> Hairy cell leukemia		
<input type="checkbox"/> Lymphadenopathy		
<input type="checkbox"/> Splenomegaly	}	<input type="checkbox"/> MYELOMA PANEL
<input type="checkbox"/> Plasma cell disorders		
<input type="checkbox"/> Monoclonal gammopathy		