



FLOW CYTOMETRY TEST REQUEST & WORKSHEET

734-214-0300 OR 800-876-6522

Pt. Name: _____

Reg./MRN no. _____

Sex: _____ D.O.B _____

Place SoftLab Label Here

REFERRING INSTITUTION:

Institution Name: _____

Doctor/Pathologist Name: _____

Pathologist Phone #: _____

Patient History/Diagnosis/Treatment: _____

SPECIMEN TYPE:

Date/Time Specimen Collected: ____/____/____:____ am/pm

Blood _____ Marrow _____ Lymph node _____

Other Fluid: Source: Pleural/peritoneal/CSF _____

Solid Tissue: Source: Spleen/Tonsil _____

FNA Aspirate: Source: _____ Other: _____

IMMUNOPHENOTYPE PANEL:

_____ **BCELL -Mature Leukemia/Lymphoma, Probably B** Do NOT order SBCLL if BCELL is already ordered.

Markers: CD3, 5, 10, 11c, 19, 20, 23, 38, 45, Kappa & Lambda

_____ **TCELL -Mature Leukemia/Lymphoma, Probably T** Do NOT order SEZ if TCELL is already ordered.

Markers: CD2, 3, 4, 5, 7, 8, 16+56, 25, 26, 45, 56 & 57.

_____ **SBCLL -B Cell Clonality** (short panel of BCELL)

Markers: CD5, 19, 23, 45, Kappa & Lambda

_____ **ACUTE -Acute Lymphocytic OR Myelocytic Leukemia**

Markers: CD2, 3, 5, 7, 10, 11b, 13, 14, 15, 16, 19, 20, 33, 34, 45, 56, 61, 117, 235a & HLA-Dr

_____ **MYE -Plasma Cell/Myeloma**

Markers: CD19, 56, 45, 38, cyto. Kappa & cyto. Lambda

_____ **HAIRY -Hairy Cell Leukemia** Do NOT order BCELL if HAIRY is already ordered.

Markers: CD3, 5, 10, 11c, 19, 20, 22, 23, 25, 38, 45, 103, 123, Kappa & Lambda

_____ **SEZ -Blood staging for Mycosis Fungoides/Sézary Cell**

Markers: CD7, 26, 3, 4, 8 & 45

CSF:

_____ **ACSFF -Acute Leukemia, AML, B or T ALL** Markers: CD13+33, 34, 19, 45, cyTdT, cyCD3

_____ **SBCSF -B Cell Clonality** Markers: CD5, 19, 23, 45, Kappa & Lambda

BODY FLUIDS:

_____ **FL348-Fluid T Cell Subsets** Markers: CD3, 4, 8 & 45

_____ **FHOLD Hold flow sample pending Pathologist review**

Physician must contact Warde Medical Lab to order **FHOLD** (Call Next Morning 734-214-0300).