

# FLOW CYTOMETRY LABORATORY

## Request for Flow Cytometry Studies

Patient's Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
First (Middle Initial) Last

Ordering Facility:  VA  UH  Other \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

Hospital/Pt ID # \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Specimen Submitted: \_\_\_\_\_  BM  PB  LN  Other \_\_\_\_\_

Specimen # \_\_\_\_\_ Specimen Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_  
AM PM

Requesting Physician (required) \_\_\_\_\_ Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Physician Address \_\_\_\_\_  
Street City State Zip

Additional reports to: \_\_\_\_\_  
Name Fax Phone  
 \_\_\_\_\_  
Street City State Zip

Pertinent Clinical History and Laboratory Data:

### Tests Requested

- |                                                   |                                                 |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Acute Leukemia Panel     | <input type="checkbox"/> CD34                   |
| <input type="checkbox"/> Lymphoma Panel           | <input type="checkbox"/> HgbF                   |
| <input type="checkbox"/> FNA                      | <input type="checkbox"/> B-cell NHL             |
| <input type="checkbox"/> Staging BM               | <input type="checkbox"/> T-cell NHL             |
| <input type="checkbox"/> Residual B-ALL           | <input type="checkbox"/> Immunodeficiency panel |
| <input type="checkbox"/> Residual AML (MPS + MDS) | <input type="checkbox"/> Other _____            |

Note: Specimens will NOT be processed without billing information

Bill Patient: \_\_\_\_\_  
Street City State Zip Phone

Bill Facility: \_\_\_\_\_  
Facility Name Street City State Zip Patient ID#

Bill Insurance: \_\_\_\_\_  
Insurance Company Name and Address

\_\_\_\_\_  
Name of Insured Policy # Group #

\_\_\_\_\_  
Patient Address Telephone # Date of Birth

Bill Research Account: \_\_\_\_\_  
Principal Investigator Account #

Do not write in this space

FLOW #