

Version Date: 2024-08-06	Malignant Hematology - Form	
Effective Date: 2024-08-06	Section: Forms - Malignant Hematology	
Approvers: Special Hematology Hematopathology Discipline Director, Special Hematology and Genetics Manager, ,		
Title: 08-341-032-F Request for Flow Cytometry Testing Requisition	ID#: 50754	Page 1 of 1

HAMILTON REGIONAL LAB MEDICINE PROGRAM
 Hamilton Health Sciences, Juravinski Hospital Site
 Malignant Hematology, F-wing, Second Floor, Room 214
 711 Concession Street
 Hamilton, ON L8V 1C3
 P: 905-527-4322 x42070 F: 905-575-2553

REQUEST FOR FLOW CYTOMETRY TESTING

(Complete this form *IN FULL* before sending)

From (Referring Hospital) _____

Patient's Name _____

Date of Birth _____ Sex _____
 Day/Month/Year

OHIN Number _____ Version Code (important) _____

Hospital I.D. _____ Lab Number _____

Requesting Physician – Name _____ Referring Number _____

Result to be phoned to _____ Faxed to _____

Date and Time Sample Taken _____

TEST MENU

**Please send one tube per test requested. Each test requires an individual specimen number from originating laboratory*

Leukemia/Lymphoma Investigation – PLEASE SPECIFY SPECIMEN TYPE:

Bone Marrow: <input type="checkbox"/> aspirate <input type="checkbox"/> biopsy	Must include most recent CBC and 2 labelled unstained smears
Peripheral Blood <input type="checkbox"/>	Must include most recent CBC and 1 labelled unstained smear
Lymph Node / Tissue <input type="checkbox"/>	Please specify site: _____
Body Fluid <input type="checkbox"/>	Please specify site: _____
Spinal Fluid <input type="checkbox"/>	Must include cell count (and differential if performed)
PNH (PB only accepted) <input type="checkbox"/>	Must include most recent CBC and 1 labelled unstained smear
EMA for HS (PB only accepted) <input type="checkbox"/>	Must include most recent CBC and 1 labelled unstained smear
T-Cell Subset Quantitation <input type="checkbox"/>	Must include most recent CBC
T-Cell Subset,B,NK Cell Quantitation <input type="checkbox"/>	Must include most recent CBC

Relevant or Differential Diagnosis / Relevant Clinical Information:

THIS COMPLETED FORM MUST:

- 1) Accompany each specimen sent
- 2) Be faxed to 905-575-2553 at the time the specimen is sent
- 3) Packages must be addressed **EXACTLY** as above

Print Status: Uncontrolled When Printed

Document Location: Management System\HRLMP\ld) Standard Operating Procedures\ld) Discipline and Analytical Testing SOPs\Special Hematology\Malignant Hematology\Forms - Malignant Hematology\