

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

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 \_\_\_\_\_  
 Day/Month/Year \_\_\_\_\_

Sex \_\_\_\_\_

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	<i>Must</i> include most recent CBC and 2 labelled unstained smears
Peripheral Blood	<input type="checkbox"/>		<i>Must</i> 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"/>		<i>Must</i> include cell count (and differential if performed)
PNH (PB only accepted)	<input type="checkbox"/>		<i>Must</i> include most recent CBC and 1 labelled unstained smear
EMA for HS (PB only accepted)	<input type="checkbox"/>		<i>Must</i> include most recent CBC and 1 labelled unstained smear
T-Cell Subset Quantitation	<input type="checkbox"/>		<i>Must</i> include most recent CBC
T-Cell Subset,B,NK Cell Quantitation	<input type="checkbox"/>		<i>Must</i> include most recent CBC

### Relevant or Differential Diagnosis / Relevant Clinical Information:

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### 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\1) Standard Operating Procedures\1) Discipline and Analytical Testing SOPs\Special Hematology\Malignant Hematology\Forms - Malignant Hematology\*