



FLOW CYTOMETRY
Leukemia / Lymphoma Immunophenotyping
Patient Information Sheet

Flow Cytometry Department Phone: 574-234-4176 or 800-544-0925, ext. 1282

Please attach this form to specimen transport container.

Date: _____

Patient Name: _____

PATHOLOGIC/CLINICAL DIAGNOSIS:

Please include a brief history, pertinent laboratory results and suspected diagnosis.

Diagnosis/Comment: _____

Today's testing requested on: _____ Peripheral Blood _____ Bone Marrow

Has patient had a prior bone marrow for this or similar condition? _____ Yes _____ No

If yes, results of that testing indicate: _____

Referring Physician Name: _____

Office Phone Number: _____

SPECIMEN REQUIREMENTS

Peripheral Blood

- 1 7 mL ACD Vacutainer (Yellow Top)
- 1 7 mL EDTA Vacutainer (Purple Top)
- 3-5 Fresh smears

Bone Marrow

- 1 3 mL ACD Vacutainer (Yellow Top)
- 1 3 mL EDTA Vacutainer (Purple Top)
- 3-5 Fresh smears

ACD solution "A / B" refers to the volume of tube collected. Use appropriate tube for volume of sample collected to prevent dilution effect.

Results of current complete blood count and smear must be included if unable to send EDTA tube.

LABORATORY USE ONLY
SPECIMEN PROCESSING: Route patient information sheet to Flow Cytometry