FLOW CYTOMETRY LABORATORY REQUISITION

**REQUISITION MUST ACCOMPANY SPECIMEN TO FLOW CYTOMETRY LABORATORY **

Acceptance Policy 10-50-03 - Requirements for Test Requisitions 2.1 - All information marked with an * is mandatory and must be clearly legible. Failure to comply may result in specimen rejection.

ORDERING PROVIDER INFORMATION	
*Last & Full First Name:	Billing Code:
*Ordering Facility:	Inpatient Location:
Address:	
Critical Results Phone Number:	*Fax Number:

COLLECTION INFORMATION
*Collection Facility/Lab:
*Collection Date:
*Collection Time:

Referring Lab: Check if samples shipped frozen ❑

Number of tubes sent: Serum vial(s) ____ Plasma vials(p) ____

PATIENT INFORMATION

*Last/First Name:
(as per MB Health Card)

* Date of Birth
(dd/mm/yyyy)
*Sex: Female Male
*PHIN:

*Alternate ID: (include ID type with number ie. RCMP, SK, DND)
MRN:

Encounter Number:

Demographics verified with: ❑ Prov. Health Card ❑ Armband ❑eChart/CR
Patient Phone No:
Patient Address:

ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION		ADDITIONAL REPORT RECIPIENT PROVIDER INFORMATION	
Last & Full First Name:	Billing Code:	Last & Full First Name:	Billing Code:
Phone #:	Fax #:	Phone #	Fax #:

***Clinical Information/Diagnosis:**

□ Lymphoma □ CLL □ Sezary Syndrome □ Hairy Cell
□ Mastocytosis □ Immune Deficiency □ Acute Leukemia
□ Other: _____

Recent Transfusion: □ No □ Yes Date: _____
Current Radiation/Chemotherapy Treatment: □ No □ Yes
Monoclonal Antibody Therapy: □ No □ Yes Generic Name: _____

LIS BARCODE LABEL

***Must be included for all testing excluding PB48 and FLFC**
□ **CBC with Automated Diff – Results Attached** □ **CBC with Automated Diff – Sent for Testing at Shared Health Site**

Immune Monitoring		
□ **PB48**	CD4 Count (CD3, CD4, CD8)	EDTA (< 48 hr)
□ **PBLS**	Lymphocyte Subset Enumeration (T, B, NK)	EDTA (< 48 hr)

Immunodeficiency Investigation		
□ **RTE4**	CD4+ Recent Thymic Emigrants *(Includes Naïve and Memory T Cells)*	EDTA (< 48 hr)
□ **PBBS**	Advanced B Cell Phenotyping	EDTA (< 48 hr)
□ **PBTS**	Advanced T Cell Phenotyping	EDTA (< 48 hr)
□ **TREG**	Regulatory T Cells	EDTA (< 24 hr)
□ **LAD**	Leukocyte Adhesion Deficiency *(Type I and II)*	EDTA (< 24 hr)
□ **OBRT**	Neutrophil Function – Oxidative Burst ***(Microtainer collections will be rejected)***	EDTA (< 24 hr)

Leukemia/Lymphoma Investigation		
□ **PBFC**	Peripheral Blood Immunophenotyping ***(Send 1 Unstained Smear)***	EDTA (< 72 hr)
□ **FLFC**	Fluid Immunophenotyping ***(CSF ONLY)***	RPMI (< 72 hr)

Miscellaneous		
□ **PNH**	Paroxysmal Nocturnal Hemoglobinuria	EDTA (< 48 hr)
□ **HSFC**	Hereditary Spherocytosis ***(Send 1 Unstained Smear)***	EDTA (< 48 hr)
□ **MIS8**	Referral tests require prior approval. Complete the Immunology/Hematology Approval for Testing Form [F150-100-100]	

Immunology Laboratory, Health Sciences Centre
MS5 - 820 Sherbrook Street
Winnipeg, MB R3A 1R9
Phone: 204-787-2156
Fax: 204-787-2058

Additional requisitions and sample requirements available at:
https://apps.sbgh.mb.ca/labmanual/

Shared health Soins communs Manitoba