



**NL Health
Services**



Flow Cytometry Requisition

HCN: _____
Province/Territory: _____ Expiry: _____
Name: _____
Date of Birth: _____ Sex: ☐ M ☐ F ☐ UN
Mailing Address: _____
City: _____
Province/Territory: _____ Postal Code: _____
Telephone: (Indicate Preferred) ☐ Home _____
☐ Cell _____ ☐ Work _____

Ordering Provider's Name: _____	Clinic Stamp: (include fax, provider and mnemonics) _____ Ordering Provider's Mediatech Mnemonic: _____ EMR Clinic Mnemonic: _____ COPY TO PROVIDER _____
Clinic Name: _____	
Mailing Address: _____	
City: _____	
Province/Territory: _____ Postal Code: _____	
Telephone: _____ Fax: _____	
Signature: _____ Date: _____	

Ship to:

Flow Cytometry Lab, Room 1J432

Health Sciences Centre
300 Prince Philip Drive
St. John's, NL A1B 3V6
Telephone: (709) 777-7704
Fax: (709) 777-2052

SAMPLES WILL ONLY BE ACCEPTED:

(excluding holidays)
Monday to Thursday: 8 a.m. to 4 p.m.
Friday: 8 a.m. to 12 p.m.

Specimen submitted:

Date of collection (YYYY/MON/DD): _____ Time (HH:MM): _____

- ☐ Blood (5 mL) ☐ FNA, specify: _____ ☐ Lymph node, specify: _____
☐ CSF ☐ Fluid, specify: _____ ☐ Other tissue, specify: _____

Flow Cytometry Studies: Include **three** recent CBC results and one unstained Peripheral blood slide

- | | |
|---|--|
| ☐ Leukemia investigation
• Peripheral blood send one tube (EDTA) 5 mL at 4°C | ☐ CD4, CD8, CD3, CD19, CD56 and CD4-CD8 Ratio
• Send one tube (EDTA) at RT plus CBC result
• Body fluid in Flow Cytometry media (RPMI) at 4°C |
| ☐ Lymphoma investigation
• Send tissue in Flow Cytometry media (RPMI) at 4°C
• Do not freeze | ☐ PNH
• Send one tube (EDTA) at RT plus transfusion history |

Samples outside St. John's should be shipped by Same Day or overnight courier

Clinical History (brief), reason for investigation: (Delays in processing specimen may occur if not filled out)