



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 \_\_\_\_\_

## Flow Cytometry Requisition

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

**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

<input type="checkbox"/> Leukemia investigation • Peripheral blood send one tube (EDTA) 5 mL at 4°C	<input type="checkbox"/> 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
<input type="checkbox"/> Lymphoma investigation • Send tissue in Flow Cytometry media (RPMI) at 4°C • Do not freeze	<input type="checkbox"/> 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)