

UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER CLINICAL LABORATORY - HA 628	PHYSICIAN ORDER FORM	Patient Identification:
Date/Time of Collection:	Flow Cytometry	Name:
Collector:	LCRA label by:	Med Rec #:
	Source:	Date of Birth: M F

CODE	Test	Description	Tube type(s) / Container / Buffer
CMTBLD	Cell Markers - Blood	<i>Leukemia and lymphoma work-up</i>	EDTA ACD-A Heparin DK PURP LAVENDR YELLOW DK GRN
CMBMN	Cell Markers - Bone Marrow		EDTA ACD-A Heparin DK PURP LAVENDR YELLOW DK GRN
CMTISS	Cell Markers - Tissue		Clean container with isotonic buffer (e.g. RPMI 1640)
CMFLD	Cell Markers - Fluid		Clean container
CMFNAT	Cell Markers - FNA		Clean container with isotonic buffer (e.g. RPMI 1640)
CMTIDP	Immunodeficiency by Flow Cytometry	Immunodeficiency work-up	EDTA DK PURP LAVENDR
CMPNHT	PNH by Flow Cytometry	Diagnosis and % of PNH clone	EDTA ACD-A Heparin DK PURP LAVENDR YELLOW DK GRN
CD34E	CD34 Enumeration	CD34 enumeration (% and cell/uL) with viability check	EDTA DK PURP LAVENDR
CD3E	CD3 Enumeration	CD3 enumeration (% and cell/uL) with viability check	EDTA DK PURP LAVENDR
T4T8E	Lymphocyte Subset Enumeration	T, B, and NK cells (% and cell/uL)	EDTA DK PURP LAVENDR

Clinical indication:

☐ STAT TEST

PLEASE CALL THE LAB ON
859-218-5815 OR ALERT A
MEMBER OF THE LAB WHEN THE
SPECIMEN IS DROPPED OFF

Ordering Physician Signature: _____ ID #: _____ Date: _____
 TO BE COMPLETED BY CLINIC CHECK-OUT STAFF (If requesting physician is a resident, attending physician information is required)

	Requesting Physician	Attending Physician	Pager #
Full Name			

REQUIRED: Clinic Staff Signature _____ Phone Number _____ Date _____