Penn Medicine
Hospital of the University of Pennsylvania

DIVISION OF PATHOLOGY AND LABORATORY MEDICINE
Clinical Flow Cytometry Laboratory
7th Floor Founders Building – F.7.114
Phone: 215-662-6024

PATIENT INFORMATION

_____, _____, _____
Last Name **First Name** **MI**

MRN: _____

DOB: _____ **Sex**: ☐ Male ☐ Female
(MM/DD/YYYY)

COLLECTION INFORMATION

Date of Collection
(required by law):_____
(MM/DD/YYYY)

Time of Collection (required by law): _____ ☐ AM ☐ PM
(HH:MM)

Name of Collector:_____

Authorizing Provider:_____

Contact Phone Number:_____

CLINICAL INFORMATION

Diagnosis

ICD-10 Code
(required):_____

Clinical Diagnosis or Indication for Test:

_____

Relevant Treatment History

☐ Pretreatment
☐ End of Induction
☐ End of Consolidation
☐ Pre-transplant
☐ Post-transplant, Day:_____
☐ Other
(specify):_____

☐ Anti-CD19 Therapy (Blinatumomab, CART, etc.)
☐ Anti-CD20 Therapy (Rituximab, etc.)
☐ Anti-CD22 Therapy (Inotuzumab, CART, etc.)
☐ Anti-CD38 Therapy (Daratumumab, etc.)

TEST REQUEST

Immunophenotyping Evaluation

☐ Leukemia & Lymphoma Evaluation (L&L)
☐ Cutaneous T Cell Lymphoma (CTCL)
Specify:
☐ Low-Risk CTCL
☐ High-Risk CTCL
☐ Blood Fetal Hemoglobin Screen (BFH)
☐ Paroxysmal Nocturnal Hemoglobinuria (PNH)

CD34 Stem Cell Enumeration

☐ CD34 Blood
☐ CD34 Stem Cells

Lymphocyte Subset Enumeration

☐ Total B Cell Enumeration (CD19+)
☐ CD3 T Cell Monitoring
☐ NK Cell Enumeration
☐ CD4 T Cell Monitoring
(CD3, CD4 and CD8 %, Absolute Count, and CD4:CD8 Ratio)

Minimal Residual Disease (MRD)

☐ Plasma Cell Myeloma (PC MRD)
☐ Chronic Lymphocytic Leukemia (CLL MRD)
☐ Acute Myeloid Leukemia (AML MRD)
☐ Myelodysplastic Syndrome (MDS MRD)
☐ B-Cell Acute Lymphocytic Leukemia (B-ALL MRD)
☐ T-Cell Acute Lymphocytic Leukemia (T-ALL MRD)
☐ Mixed Phenotype Acute Leukemia (MPAL MRD)
Specify lineages:
☐ B lineage
☐ T lineage
☐ Myeloid lineage

SPECIMEN TYPE

☐ Peripheral Blood
Specify:
☐ Purple Top Tube (EDTA)
☐ Green Top Tube (Sodium Heparin)
☐ Bone Marrow Aspirate
Specify:
☐ Purple Top Tube (EDTA)
☐ Green Top Tube (Sodium Heparin)
☐ Cerebrospinal Fluid (CSF)
☐ Fluid
Source:_____
☐ Tissue
Source:_____
☐ Fine Needle Aspirate (FNA)
Source:_____
☐ Other
Source:_____

INTERNAL USE ONLY

FC accession number: _____

Attending Pathologist: _____

Date: _____

Processed by: _____

Analyzed by: _____

Billed by: _____

Tubes Performed			
ST		BKG	
M1		IC	
M2		CTCL	
B1		HCL	
T1		MAST	
T2		PNH	
PC		OTHER	