uchealth

University of Colorado Hospital

Patient Identification Label

Name _____

MRN _____

DOB _____

Date of service _____

Clinical Laboratory Flow Cytometry Request

☐ STAT

Location _____ ☐ BLOOD ☐ BONE MARROW

Phone _____ ☐ OTHER _____

Tube Station # _____ Working Diagnosis _____

Ordering Provider _____ Collection Date _____ Collection Time _____

Provider Phone _____ Collected by _____

For outpatients, enter ICD-10 code(s) here (if appropriate for all requested tests) _____

Physicians should only order tests medically necessary for the treatment or diagnosis of the patient. For outpatient services only, enter the appropriate ICD-10 Codes which demonstrate the medical necessity of each test ordered (REQUIRED).

Lymphocyte Subset Panels **ICD-10 Code**

Peripheral Blood specimens in Na Heparin tube only. Must also order and collect at the same time: LAB210 CBC plus WBC Differential

LAB342 ☐ CD4 Helper T cell (CD3+CD4+, % and absolute) _____

LAB931 ☐ T Cell Panel (CD3 Total, CD3+CD4%, CD3+CD8+, % and absolutes; CD4:CD8 ratio) _____

LAB5089 ☐ TBNK Lymphocyte subsets (CD3 Total, CD3+CD4+, CD3+CD8+, CD19+, CD16+56+, % and absolutes; CD4:CD8 ratio) _____

CD3 AB TCR: Transplant CD3 **ICD-10 Code**

Peripheral Blood specimens in Na Heparin tube only.
Must also order and collect at the same time: LAB210 CBC plus WBC Differential.

LAB3054 ☐ CD3+ αβTCR+ (% and absolute) _____

CD20PAN: Anti-CD20 Therapy Monitor **ICD-10 Code**

Peripheral Blood specimens in Na Heparin tube preferred, EDTA tube acceptable. Must also order and collect at the same time: LAB210 CBC plus WBC Differential.

LAB3055 ☐ Anti-CD20 Therapy Monitor (CD19, % and absolute; CD20, % and absolute) _____

CD34 PB: Peripheral Blood CD34 Stem Cell Analysis **ICD-10 Code**

Peripheral Blood specimens in EDTA tube only. Must also order and collect at the same time: LAB210 CBC plus WBC Differential.

LAB3056 CD34 Stem Cell Analysis (CD34, % and absolute counts): order for patients mobilized for stem cell transplant
*Please note: This test is not available after 8:30 p.m. on weeknights and after 3 p.m. on weekends unless previously arranged. _____

Immunophenotyping for Hematopoietic Neoplasms (including lymphomas and leukemias) **ICD-10 Code**
*Specimens received after 1 p.m. may be processed the next day. _____

LAB8697 Please indicate below the working diagnosis and/or neoplastic conditions to rule out by immunophenotyping:

- ☐ Screening Panel/Low Cell Panel (Lymphocyte Screen for malignancy and immature populations) [B-Cell Non-Hodgkins Lymphomas including CLL/SLL, Mantle Cell, Follicular, Burkitt, Marginal Zone Lymphoma/MALT, Hair Cell Leukemia]
- ☐ Acute Leukemia of Unknown Lineage (Lineage identification in acute case of blat cells present in peripheral blood)
- ☐ Acute Lymphoblastic Leukemia/Lymphoma (B-ALL and T-ALL from a previous diagnosis) ☐ B-ALL ☐ T-ALL
- ☐ Acute Myeloid Leukemia/Myeloid Sarcoma (AML from a previous diagnosis)
- ☐ Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN from a previous diagnosis
- ☐ Myelodysplastic Syndrome (MDS) (Clonal stem cell disease with cytopenias)
- ☐ Myeloproliferative Neoplasm (MPN) [Clonal stem cell disease with cytoses including Chronic Myeloid Leukemia (CML), Essential Thrombocythemia (ET), Polycythemia Vera (PV), and Primary Myelofibrosis (PMF)
- ☐ Myelodysplastic/myeloproliferative Neoplasm (MDS/MPN) [Clonal stem cell disease with overlap cytopenias/cytoses, i.e. Chronic Myelomonocytic Leukemia (CMML)]
- ☐ T-Cell or NK Cell Lymphoma (Includes cutaneous and systemic T-cell lymphomas, i.e. CTCL/Sezary, PTCL, AITL, ALCL, ATLL, ENKTL, T-PLL)
- ☐ Plasma Cell Dyscrasia (multiple myeloma, plasmacytoma, MGUS)
- ☐ T-Large Granular Lymphocytic Leukemia (T-LGLL)
- ☐ Eosinophilia/Mast Cell Disease
- ☐ Other Hematologic Neoplasm/Condition (specify) _____

Collection and Transport Requirements

- Blood and Bone Marrow: Room temperature in Sodium Heparin tube (dark green)
- Tissue, FNAs and Needle Biopsies: Fresh, not fixed, in Flow Transport Media (RPMI) stored at 4°C (provided by Clinical Lab, call x86941)
- Body Fluids and CSF: Sterile container at room temperature

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