

**Clinical Laboratory Flow Cytometry Request** STAT

Location \_\_\_\_\_

Phone \_\_\_\_\_

Tube Station # \_\_\_\_\_

Ordering Provider \_\_\_\_\_

Provider Phone \_\_\_\_\_

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+  $\alpha\beta$ TCR+ (% 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. \_\_\_\_\_

**LAB3358 Immunophenotyping for Hematopoietic Neoplasms (including lymphomas and leukemias)**

\*Specimens received after 1 p.m. may be processed the next day. \_\_\_\_\_

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 blast 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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