



ASPIRUS Reference Lab  
333 Pine Ridge Blvd. Wausau, WI. (715)847-2136

### FLOW CYTOMETRY REQUEST

Bone Marrow, Peripheral Blood and Tissue

#### PROVIDER required information

**Patient: (label)**

Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
DOB: \_\_\_\_\_

**Specimen:**

- Bone marrow site \_\_\_\_\_ ACD (yellow)
- Lymph node site \_\_\_\_\_ fresh in RPMI
- Blood specify \_\_\_\_\_ EDTA (lavender)
- Other specify \_\_\_\_\_ fresh in RPMI

Collected: Date \_\_\_\_\_ Time: \_\_\_\_\_

**Indication:**     New Diagnosis     Post-Treatment     Staging     Relapse/Progression     Remission

**Pre-op Diagnosis or Treatment Status:** \_\_\_\_\_

**Immunotherapy History:** \_\_\_\_\_

**Flow:**             TEST            for:     Acute leukemia     CLL/Lymphoma(NHL)     Myeloma             Do Not Test

TEST for specific markers: \_\_\_\_\_

HOLD, test if: \_\_\_\_\_

**Cytogenetics:**  TEST     HOLD, test if: \_\_\_\_\_             Do Not Test

**FISH:**             TEST     HOLD, test if: \_\_\_\_\_             Do Not Test

**Molecular:**     TEST     HOLD, test if: \_\_\_\_\_             Do Not Test

**Ordering Provider: Printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

#### PATHOLOGY

Slides to Path: (1 PB, 1BM): \_\_\_\_\_ date/time/tech    Previous Flow: \_\_\_\_\_

TEST FLOW Panel: \_\_\_\_\_

Cancel FLOW Reason:     Suboptimal Specimen     Not indicated

This Ordering MD was Notified of CANCELED tests: \_\_\_\_\_ by: \_\_\_\_\_

Pathologist: \_\_\_\_\_ Date/Time: \_\_\_\_\_