



ASPIRUS Reference Lab

FLOW CYTOMETRY

Ordering PHYSICIAN REQUIRED INFORMATION for all Peripheral Blood and Tissue samples. Paper form is required only when EPIC order is not an option.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

MRN: \_\_\_\_\_ Location: \_\_\_\_\_

Physician: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Specimen(s) Submitted: Collected at: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Peripheral blood (EDTA-lavender)
Lymph node site (fresh, in RPMI; NO fixatives)
Other, specify (fresh, in RPMI; NO fixatives)

Status: New Diagnosis Post-Treatment Staging Relapse/Progression Remission pre SCT

Diagnosis or Treatment Status: \_\_\_\_\_

Immunotherapy Treatment Status: \_\_\_\_\_

Flow: TEST (FLOW) panel type: Acute leukemia CLL/Lymphoma(NHL) Myeloma

Other: (MREF specify \_\_\_\_\_)

A CBC with differential needs to be performed within 24 hours of the flow cytometry sample collect time. Please provide CBC results or an order for a CBC to coincide with the Flow order.