

Clinical Laboratory Flow Cytometry Request

STAT

Patient Identification Label	
Name	_____
MRN	_____
DOB	_____
Date of service	_____

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: CBC with manual diff if autodiff fails.

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: CBC with manual diff if autodiff fails.

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: CBC with manual diff if autodiff fails.

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: CBC

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:

- Acute Leukemia of unknown lineage
- Acute Lymphoblastic Leukemia/Lymphoma (ALL) B-ALL T-ALL
- Acute Myeloid Leukemia (AML)/Extramedullary Myeloid Tumor (granulocytic sarcoma)
- MDS
- CML or other myeloproliferative neoplasm
- CMML
- B-Cell Panel (includes CLL/SLL, mantle cell lymphoma, follicular lymphoma, Burkitt lymphoma, and extranodal marginal zone lymphoma [MALT lymphoma] among others)
- Screening/Low Cell Panel
- Hairy Cell Leukemia or Splenic Marginal Zone Lymphoma
- Plasma Cell Neoplasm (includes plasmacytoma, multiple myeloma, MGUS)
- T or NK cell Lymphoma, not cutaneous
- Cutaneous T cell Lymphoma (CTCL CD4-CD8)
- 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