



University of Colorado Hospital

## 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: 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) \_\_\_\_\_  
LAB3053 ☐ T and B Cell Panel (CD3 Total, CD3+CD4+, CD3+CD8+ and CD19+, % and absolutes, CD4:CD8 ratio) \_\_\_\_\_  
LAB5089 ☐ Transplant Immune Panel (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)  
☐ 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

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