



Flow Cytometry - Foothills Medical Centre
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Shaded areas are Required Information

FLOW CYTOMETRY OUT OF PROVINCE REQUISITION

ORDERING PHYSICIAN (Apply Dr. Office Stamp Here):

Last Name / Full First Name: _____
 Location/Facility/Address: _____
 Phone Number: _____
 Physician Email: _____
 Copy to:

1. Last Name/ Full First Name: _____ Phone: _____
 Office Address/Location: _____

2. Last Name/ Full First Office Address Location Phone: _____

Results to be Fax to: _____

ORDERING LOCATION

Canada U.S.A OTHER _____

Institution/Lab Name: _____

PROVINCE/ STATE	PERSONAL HEALTH NUMBER (PHN)	REGIONAL HEALTH RECORD NUMBER	
	-		
PATIENT LAST NAME		FULL FIRST NAME	MIDDLE NAME
PATIENT ADDRESS		CITY, PROVINCE/STATE	POSTAL CODE/ZIP CODE
CHART NUMBER	GENDER	DATE OF BIRTH	PATIENT PHONE NUMBER
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ENCOUNTER TYPE:	FINANCIAL CLASS:	LABORATORY NAME FOR COMPANY BILL:	
Referred in Specimen	Company Bill	ENTER: _____	

HEMATOPATHOLOGY <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Follow-up	
CLINICAL INFORMATION	
SAMPLE TYPE	
LEUK/LOMA PB	<input type="checkbox"/> Peripheral Blood
	<input type="checkbox"/> Bone Marrow
	<input type="checkbox"/> BAL
LEUK LOMA	<input type="checkbox"/> CSF mL: _____
	<input type="checkbox"/> Tissue Site: _____
	<input type="checkbox"/> Fluid Site: _____
	<input type="checkbox"/> Other: _____
LEUKEMIA/LYMPHOMA PANEL	
<input type="checkbox"/> Acute Leukemia Panel	Department Use Only: <input type="checkbox"/> Add On: HCL Panel <input type="checkbox"/> Add On: B-NHL Panel <input type="checkbox"/> Add On: T-NHL Panel
<input type="checkbox"/> Lymphoma Screening Panel	
<input type="checkbox"/> Pancytopenia/MDS Panel	
<input type="checkbox"/> MRD – AML Panel	
<input type="checkbox"/> MRD – B-ALL Panel	
<input type="checkbox"/> MRD – T-ALL Panel	
<input type="checkbox"/> Plasma Cell Dyscrasia Panel	
<input type="checkbox"/> ZAP-70: (Previously diagnosed CLL only)	
MISCELLANEOUS	
B27	<input type="checkbox"/> HLA-B27
PLDY	<input type="checkbox"/> DNA Ploidy (Non-Blood or Paraffin Block)
PLDY PB	<input type="checkbox"/> DNA Ploidy (Peripheral Blood)
PNH	<input type="checkbox"/> Paroxysmal Nocturnal Hemoglobinuria Panel
ERYTHROCYTES	
HS	<input type="checkbox"/> Hereditary Spherocytosis
FMH PB	<input type="checkbox"/> Fetomaternal Hemorrhage (Peripheral Blood)
PLATELETS	
PLAG	<input type="checkbox"/> Platelet Surface Markers
POOL	<input type="checkbox"/> Platelet Storage Pool Deficiency (Monday - Thursday only)
PRET	<input type="checkbox"/> Platelet Reticulocytes

IMMUNE MONITORING	
CD4	<input type="checkbox"/> CD4 Count (CD3, CD4, CD8)
RITUXIM	<input type="checkbox"/> CD19 Quantitation
IMMUNODEFICIENCY INVESTIGATION	
ALPS	<input type="checkbox"/> Autoimmune Lymphoproliferative Syndrome Screen
BSUBSETS	<input type="checkbox"/> B Cell Subsets Panel
BTK	<input type="checkbox"/> Bruton Tyrosine Kinase Protein Expression
CD57	<input type="checkbox"/> CD57 Positive NK Cells
CD107A	<input type="checkbox"/> NK Cell Degranulation (CD107a)
CD127/CD132	<input type="checkbox"/> SCID Screen
DOCK8	<input type="checkbox"/> DOCK8 Protein Expression
HLH	<input type="checkbox"/> Perforin/Granzyme B
ICOS	<input type="checkbox"/> Inducible Costimulatory Molecule (CD278)
IL12PATHWAY	<input type="checkbox"/> IL-12Rβ1 (CD212) and pSTAT4
INFGPATHWAY	<input type="checkbox"/> INF-γRα (CD119) and pSTAT1
IDEF	<input type="checkbox"/> Immunodeficiency Screening Panel
INKT	<input type="checkbox"/> Invariant NK Cells
LAD	<input type="checkbox"/> Leukocyte Adhesion Deficiency
LAM	<input type="checkbox"/> Lymphocyte Activation Markers
LINK	<input type="checkbox"/> Hyper IgM Syndrome Screen
LRBA	<input type="checkbox"/> LRBA Protein Expression
MSA	<input type="checkbox"/> Mitogen Stimulation Assay
NFUN	<input type="checkbox"/> Neutrophil Function – Oxidative Burst
PSTAT3	<input type="checkbox"/> Phosphorylated STAT3
PSTAT5	<input type="checkbox"/> Phosphorylated STAT5
RTE	<input type="checkbox"/> Recent Thymic Emigrants
SORT SCID	<input type="checkbox"/> T Cell Sort for Maternal Engraftment (SCID investigation)
TCR FLOW	<input type="checkbox"/> TCRvβ Repertoire
TCRABGD	<input type="checkbox"/> TCRαβ and TCRγδ Subsets
TH17	<input type="checkbox"/> Th17 Enumeration
TREG	<input type="checkbox"/> Regulatory T Cells (FoxP3)
TSUBSETS	<input type="checkbox"/> T Cell Subsets Panel
WASP	<input type="checkbox"/> Wiskott Aldrich Syndrome Protein Expression
XLP1	<input type="checkbox"/> SAP Protein Expression
XLP2	<input type="checkbox"/> XIAP Protein Expression
ZAP70 SCID	<input type="checkbox"/> ZAP-70 Protein Expression
ACCESSION NUMBER:	

COLLECTION REQUIREMENTS FOR CLS FLOW CYTOMETRY TESTING

See CLS Guide To Lab Services (GTS) at www.calgarylabservices.com for more detailed information.

TEST ABBREVIATION	COLLECTION REQUIREMENTS
ALPS	1 x 4 mL dark green top sodium heparin. See #2 below.
B27	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
BSUBSETS	1 x 4 mL dark green top sodium heparin. See #2 below.
BTK	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
CD34	1 x 4 mL lavender top EDTA
CD57	1 x 4 mL dark green top sodium heparin.
CD107a	1-2 x 4 mL dark green top sodium heparin only. See #4 below.
CD127/CD132	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
CD4	Pediatric: 1 x 0.5mL lavender top EDTA tube. Adult: 1 x 4 mL lavender top EDTA
DOCK8	1 x 4 mL dark green top sodium heparin
FMH	1 x 4 mL lavender top EDTA
HLH	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
HS	Pediatric: 1 x 1.8 mL blue top sodium citrate and 1 x 4mL lavender EDTA. Adult: 1 x 8.5 mL yellow top ACD-A and 1 x 4mL lavender EDTA
ICOS	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
IL12PATHWAY	2 x 4 mL dark green top sodium heparin. See #5 below.
INFGPATHWAY	2 x 4 mL dark green top sodium heparin. See #5 below.
IDEF	Pediatric: 1 x 1.8 mL blue top sodium citrate. See #2 below. Adult: 1 x 8.5 mL yellow top ACD-A.
iNKT	1 x 4 mL dark green top sodium heparin.
LAD	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
LAM	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
LEUK LOMA	Blood: Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A. All other specimen types: refer to CLS Guide to Lab Services for Leukemia/Lymphoma Panels collection guidelines
LINK	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
LRBA	1 x 4 mL dark green top sodium heparin.
MSA	2 x 4 mL dark green top sodium heparin. See #5 below. Collect Wednesday only.
NFUN	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
PLAG	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
PLDY	Paraffin embedded tissue: 3x50um sections. Blood: Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
POOL	1 x 8.5 mL yellow top ACD-A or 1 4.5 mL blue top sodium citrate. Testing must be performed within 8 hours of collection
PRET	Pediatric: 1 x 1.8 mL blue top sodium citrate. See #2 below. Adult: 1 x 8.5 mL yellow top ACD-A.
pSTAT3	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
pSTAT5	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
RITUXIM	1 x 4 mL lavender top EDTA. See #2 below.
RTE	1 x 4 mL dark green top sodium heparin.
SORT SCID	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A. Parent's samples should accompany the patient sample
TCRABGD	1 x 4 mL dark green top sodium heparin
TCR vbeta	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
Th17	1 x 4 mL dark green top sodium heparin.
TREG	Pediatric: 1 x 0.5mL EDTA microcollection container Adult: 1 x 4 mL lavender top EDTA. See #2 below.
TSUBSETS	1 x 4 mL dark green top sodium heparin. See #2 below.
WASP	1 x 4 mL dark green top sodium heparin.
XLP1	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
XLP2	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
ZAP70 SCID	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.

SPECIMEN HANDLING NOTES

1. A partial draw in an ACD-A tube is not recommended.
2. A CBC/DIFF must also be collected and results faxed to 403-270-4135.
3. **Out of Province:** ship at room temperature by overnight courier. Fax waybill to 403-270-4135. Do not collect/ship on Fridays or the day prior to a STAT holiday.
4. Must be received for testing within 24h of collection. Ship a normal sample with the patient sample as a control.
5. Do not refrigerate.