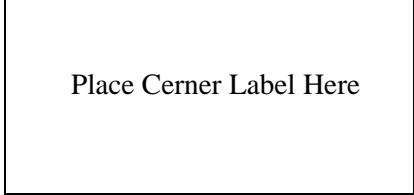


**WARDE MEDICAL LABORATORY
FLOW CYTOMETRY TEST REQUEST & WORKSHEET
734-214-0300 OR 800-876-6522**

Pt. Name: _____

Reg./MRN no. _____

Sex: _____ D.O.B _____



REFERRING INSTITUTION:

Institution Name: _____ Doctor/Pathologist Name: _____

Pathologist Phone# _____

Patient History/Diagnosis/Treatment: _____

SPECIMEN TYPE:

Date/Time Specimen Collected: ____/____/____ : ____ am/pm

Blood _____ Marrow _____ Lymph node _____

Other Fluid: Source: Pleural/peritoneal/CSF/ _____

Solid Tissue: Source: Spleen/Tonsil/ _____

FNA Aspirate: Source: _____ Other: _____

IMMUNOPHENOTYPE PANEL:

_____ **BCELL -Mature Leukemia/Lymphoma, Probably B -do not order SHORTBCELL if BCELL is already ordered.** Markers: CD3, 5, 10, 11c, 19, 20, 23, 38, 45, Kappa & Lambda

_____ **TCELL -Mature Leukemia/Lymphoma, Probably T -do not order SEZ if TCELL is already ordered.** Markers: CD2, 3, 4, 5, 7, 8, 16+56, 25, 26, 45, 56 & 57.

_____ **SHORTBCELL -B Cell Clonality (short panel of BCELL)** Markers: CD5, 19, 23, 45, Kappa & Lambda

_____ **ACUTE Acute Lymphocytic OR Myelocytic Leukemia** Markers: CD2, 3, 5, 7, 10, 11b, 13, 14, 15, 16, 19, 20, 33, 34, 45, 56, 61, 117, 235a & HLA-Dr

_____ **MYELOMA Plasma Cell/Myeloma** Markers: CD19, 56, 45, 38, cyto. Kappa & cyto. Lambda

_____ **HAIRYCELL Hairy Cell Leukemia- do not order BCELL if HAIRYCELL is already ordered.** Markers: CD3, 5, 10, 11c, 19, 20, 22, 23, 25, 38, 45, 103, Kappa & Lambda

_____ **SEZ- Sezary Staging-Blood staging for Mycosis Fungoides/Sezary Cell** Markers: CD7, 26, 3, 4, 8 & 45

CSF:

_____ **ACUTECSF - Acute Leukemia, AML, B or T ALL** Markers: CD13+33, 34, 19, 45, cyTdT, cyCD3

_____ **SHORTBCSF -B Cell Clonality** Markers: CD5, 19, 23, 45, Kappa & Lambda

BODY FLUIDS:

_____ **BAL348-Fluid T Cell Subsets** Markers: CD3, 4, 8 & 45

_____ **FLOWHOLD Hold flow sample pending Pathologist review** -Physician must contact Warde Medical Lab for test ordering (Call Next Morning 734-214-0300).