

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

Pt. Name: _____
Reg./MRN no. _____
Sex: _____ D.O.B. _____

Place Cerner Label Here

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: _____

PHENOTYPE PANEL:

_____ **Mature Leukemia/Lymphoma, Probably B-(BCELL)- If BCELL is ordered do not order SHORTBCELL panel**

Markers: CD3, CD5, CD10, CD11c, CD19, CD20, CD23, CD38, CD45, Kappa, and Lambda

_____ **Mature Leukemia/Lymphoma, Probably T-(TCELL)**

Markers: CD2, CD3, CD4, CD5, CD7, CD8, CD16, CD25, CD45, CD56, and CD57

_____ **B Cell Clonality (short panel of BCELL)-(SHORTBCELL)- If SHORTBCELL is ordered do not order BCELL panel**

Markers: CD5, CD19, CD23, CD45, Kappa and Lambda

_____ **Acute Lymphocytic OR Myelocytic Leukemia-(ACUTE)**

Markers: CD5, CD7, CD10, CD11b, CD13, CD14, CD15, CD19, CD33, CD34, CD45, CD56, CD61, CD117, CD235a, and HLA-Dr

_____ **Plasma Cell/Myeloma-(MYELOMA)**

Markers: CD19, CD56, CD45, CD38, cytoKappa, cytoLambda

_____ **Hairy Cell Leukemia-(HAIRYCELL) If HAIRYCELL is ordered do not order BCELL panel**

Markers: CD3, CD5, CD10, CD11c, CD19, CD20, CD23, CD38, CD45, Kappa, Lambda, CD22, CD25, and CD103

CSF:

_____ **B Lineage Acute-(BACUTECSF)**

Markers: CD10, CD19, CD45, cyTdT, cy79a

_____ **AML/Granulocytic Sarcoma-(AMLCSF)**

Markers: CD13, CD33, CD34, CD45

_____ **T Lineage Acute-(TACUTECSF)**

Markers: cyTdT, cyCD3, CD45

_____ **B Cell Clonality-(SHORTBCSF)**

Markers: CD5, CD19, CD23, CD45, K, L

BRONCH WASH:

_____ **Bronchial Wash-(BAL348)**

Markers: CD3, CD4, CD8, and CD45

_____ **HOLD FLOW SAMPLE PENDING PATHOLOGIST REVIEW**