

# FLOW CYTOMETRY REQUISITION

## CLIENT INFORMATION



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Medford, OR 97504  
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vistapathology.com

## ORDERING PHYSICIAN/OFFICE:

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Copy Report to: \_\_\_\_\_

## PATIENT INFORMATION

Last Name

First Name

MI

/ /  
Date of Birth

Gender: ☐ Male ☐ Female

Asante Case No.

**Place Patient Sticker Here**

Main Lab Specimen ID

## ORDERING PROVIDER INFORMATION

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Copy Report to: \_\_\_\_\_

Vista Pathologist (if applicable): \_\_\_\_\_

## BILLING INFORMATION

### BILL TO:

☐ Insurance ☐ Medicare Part B ☐ Patient ☐ Hospital

### PATIENT STATUS:

☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Emergency Room ☐ Non-Hospital

Please attach Patient Demographic sheet that includes complete billing information or a copy of **FACE and BACK** of insurance card.

## FLOW CYTOMETRY

- ☐ Standard Leukemia/Lymphoma Panel  
☐ Comprehensive Leukemia/Lymphoma Panel  
☐ Plasma Cell Panel  
☐ CD49d CLL Prognostic Assay

Comprehensive leukemia/lymphoma panel is primarily used to evaluate bone marrow samples. Additional flow cytometric evaluations may be added at pathologist discretion. If you have questions about appropriate test(s) selection, please call to speak with a pathologist.

## CLINICAL INFORMATION (REQUIRED)

Clinical History / ICD-10 Code(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## COMMENTS

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

## SPECIMEN INFORMATION

/ / : ☐ AM ☐ PM  
 Date of Collection Time

### Body Site/Source

*If submitting peripheral blood, a concurrent blood smear and CBC is strongly recommended for highest level of diagnostic service*

## ACCEPTABLE SPECIMEN INFORMATION

Appropriate specimens for flow cytometric analysis include peripheral blood, bone marrow aspirate, fresh tissue biopsy (including lymph nodes or other lymphoid tissue), fine needle aspiration, or body fluid, such as CSF, pleural, etc.

Bone marrow cores submitted in RPMI can be used when bone marrow aspirate is unobtainable.

Tissue must be submitted fresh, not in formalin or other fixative. If submitting peripheral blood or bone marrow aspirate, EDTA is preferred; sodium heparin is also acceptable.