

FLOW CYTOMETRY REQUISITION

CLIENT INFORMATION



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ORDERING PHYSICIAN/OFFICE:

Name: _____

Address: _____

Phone: _____ Copy Report to: _____

PATIENT INFORMATION

Last Name _____ First Name _____ MI _____
_____/_____/_____ Gender: Male Female
Date of Birth
Patient Sticker:

COMMENTS

BILLING INFORMATION

BILL:
 Insurance Medicare – Part B Patient Hospital/Institution
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):

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.

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