

# FLOW CYTOMETRY REQUISITION

## CLIENT INFORMATION



1032 E. Jackson Street  
Medford, OR 97504  
Ph: (541) 770-4559  
Fax: (541) 770-4511  
www.vistapathology.com

### 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

See Attached (Please attach front & back copy of insurance card)

## FLOW CYTOMETRY

- Standard Leukemia/Lymphoma Panel
- Comprehensive Leukemia/Lymphoma Panel
- Plasma Cell Panel
- CD38 CLL Prognostic Assay

*If you are unsure as to which test(s) to order, please call to speak with a Vista pathologist.*

## CLINICAL INFORMATION

Clinical History/ICD-10 Code(s):

---

---

---

---

---

---

---

---

## SPECIMEN INFORMATION

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ : \_\_\_\_\_  AM  PM  
Date of Collection Time

Body Site/Source

**Appropriate specimens for flow cytometry include peripheral blood, pleural fluid, acites, lymph node or other lymphoid tissue.**

**Tissue must be submitted fresh, not in formalin or other fixative. If submitting peripheral blood, please use sodium heparin or EDTA.**