

Ship to:

Toronto General Hospital
Flow Cytometry Laboratory, Eaton Wing 11-444
200 Elizabeth Street
Toronto, Ontario, Canada M5G 2C4

Phone: 416-340-4800 ext. 5252 or 5680

Fax: 416-340-5543

Report Inquiry: 416-340-4800 ext. 5875

SAMPLES WILL ONLY BE ACCEPTED:

(excluding holidays)

Monday to Thursday: 9 am – 5 pm

Friday: 9 am – 12:30 pm

Patient Name: _____

Date of Birth: _____ (DD/MM/YYYY)

HCN _____ **Version Code** _____

Gender: (M/F) _____ **Hospital MRN:** _____

Accession #: _____

Institution Name: _____

Ordering Physician: _____

Physician Billing #: _____

Physician Phone #: _____

Lab Contact Phone #: _____

Lab Contact Fax #: _____

Sample Information

Clinical Information/Diagnosis: _____

Date and Time of Collection: _____ (DD/MM/YYYY) _____ (HH:MM)

- | | | |
|--|---|--|
| ☐ Blood (~5 mL) | ☐ FNA (Specify) _____ | ☐ Lymph Node (Specify) _____ |
| ☐ Bone Marrow Aspirate (~2 mL) | ☐ Fluid (Specify) _____ | ☐ Other Tissue (Specify) _____ |
| ☐ CSF (5 mL recommended) | | |

☐ **CELL POPULATION ENUMERATION:** Please include recent CBC printout. Samples must be received within 30 hours of collection.

- | | |
|--|--|
| ☐ CD4, CD8, CD3 Absolute Count and CD4/CD8 Ratio
– send one tube (EDTA) blood @RT | ☐ Lymphocyte Subset Enumeration (T-B-NK)
– send one tube (EDTA) blood @RT |
|--|--|

☐ **IMMUNOPHENOTYPING:** Please include recent CBC printout and one unstained blood or bone marrow slide as appropriate

- | | |
|---|---|
| ☐ Lymphoproliferative Disease:
– Blood & Bone Marrow send one tube (EDTA) blood or (Sodium Heparin) bone marrow @RT
– Excised lymph node (or other tissue) – send ~5 mm ² tissue in RPMI 1640 – enough to cover tissue @4°C (do not allow sample to freeze)
– Fine needle aspirate (FNA), Fluid or CSF – send in sterile screw cap container @4°C | ☐ Myelodysplastic Neoplasm (MDS)
– send one tube (Sodium Heparin) bone marrow @RT |
| ☐ Acute Leukemia
– send one tube (EDTA) of blood or (Sodium Heparin) bone marrow @RT | ☐ Multiple Myeloma/Plasma Cell Neoplasm
– send one tube (Sodium Heparin) bone marrow @RT |
| ☐ Myeloproliferative Neoplasm
– send one tube (Sodium Heparin) bone marrow @RT | ☐ CD19/CD20 (Rituximab)
– send one tube (EDTA) blood @RT |
| | ☐ PNH (includes bound C3d and iRBC subsets as reflex)
– send one tube (EDTA) blood @RT + transfusion history |
| | ☐ Mastocytosis
– send one tube (Sodium Heparin) bone marrow @RT |

For testing not listed on the requisition please contact the laboratory before sending samples.

☐ **MEASURABLE RESIDUAL DISEASE (MRD) DETECTION:** Please include any previous flow cytometry immunophenotyping results. First pull marrow samples are recommended.

If on immunotherapy, specify: _____

- | | |
|--|---|
| ☐ Acute Myeloid Leukemia
– send one tube (Sodium Heparin) bone marrow @RT | ☐ Acute T-Lymphoblastic Leukemia
– send one tube (Sodium Heparin) bone marrow @RT |
| ☐ Acute B-Lymphoblastic Leukemia
– send one tube (Sodium Heparin) bone marrow @RT | ☐ Multiple Myeloma/Plasma Cell Neoplasm
– send two tubes (~4-6 mL, EDTA) bone marrow @RT |
| | ☐ Chronic Lymphocytic Leukemia
– send one tube (EDTA) blood @RT and CBC |