APPOINTMENTS - WEBSITE BOOKING: www.calgarylabservices.com OR CALL 403-770-5136. GENERAL INQUIRIES 403-770-3600

Calgary ® Laboratory Services

Flow Cytometry - Foothills Medical Centre
1403-29th Street N.W. Calgary, Alberta T2N 2T9
Tel: 403-944-4765 Fax: 403-270-4135
CLSFlowCytometry@cls.ab.ca

Shaded areas are Required Information

FLOW CYTOMETRY REQUISITION

PROVINCE	PERSONAL HEALTH NUMBER (PHN)	REGIONAL HEALTH RECORD NUMBER
	___ ___ ___ ___ ___ – ___ ___ ___ ___	

ORDERING PHYSICIAN (Apply CLS Dr. Office Stamp Here):
Last Name / Full First Name:
Location/Facility / Address:
Phone Number:
Healthcare Provider ID:
Copy to:
1. Last Name / Full First Name: Phone:
Office Address/Location:
2. Last Name / Full First Name: Phone:
Office Address/Location:

PATIENT LAST NAME | **FULL FIRST NAME** | **MIDDLE NAME**

PATIENT ADDRESS | **CITY, PROVINCE** | **POSTAL CODE**

CHART NUMBER	GENDER	DATE OF BIRTH	PATIENT PHONE NUMBER
		__ __ __ __ / __ __ / __ __ (Y Y Y Y M M M D D)	(__ __ __) __ __ __ - __ __ __ __

ORDERING LOCATION
☐ ACH ☐ RGH ☐ FMC ☐ PLC ☐ SHC ☐ OTHER

CLINICAL INFORMATION

HEMATOPATHOLOGY ☐ New Diagnosis ☐ Follow-up

CLINICAL/LABORATORY FINDINGS

- ☐ Lymphocytosis >3.0x10^9/L
- ☐ Monocytosis >1.0x10^9/L
- ☐ Blasts present
- ☐ Monoclonal Peak/Plasma Cell
- ☐ Immature Myeloid Cells
- ☐ Neutropenia <2.0x10^9/L,>1 month
- ☐ Thrombocytopenia <100x10^9/L
- ☐ Abnormal Morphology (PBS)

PERIPHERAL BLOOD SAMPLES

- ☐ HEMFLOW (Includes .LEUK/LOMA PB flow panel, CBC, and PBS FLOW)
- ☐ .LEUK/LOMA PB (Pathologist referrals)

NON- PERIPHERAL BLOOD SAMPLES

☐ LEUK LOMA

- ☐ Bone Marrow
- ☐ BAL
- ☐ CSF mL: _____
- ☐ Tissue Site: _____
- ☐ Fluid Site: _____
- ☐ Other:

CELL SORTING AND CHIMERISM INVESTIGATION

Donor, Pre-transplant Peripheral Blood- not sorted ☐ DNAD PB
Recipient, Pre-transplant Peripheral Blood - not sorted ☐ DNAR PB
Recipient, Post-transplant Blood - routine monitoring ☐ DNAR PB
Recipient, Post-transplant Bone Marrow -suspect relapse ☐ DNAR BM

Post-transplant:_____months post-transplant
Cell subsets sorted are based on phenotype of disease:

Specify diagnosis: _____

☐ Myeloid ☐ T Cells ☐ B Cells ☐ NK Cells

MISCELLANEOUS

B27	☐	HLA-B27
PLDY	☐	DNA Ploidy (Non-Blood or Paraffin Block)
PLDY PB	☐	DNA Ploidy (Peripheral Blood)
PNH	☐	Paroxysmal Nocturnal Hemoglobinuria Panel

ERYTHROCYTES

HS	☐	Hereditary Spherocytosis
FMH PB	☐	Fetomaternal Hemorrhage (Peripheral Blood)
FMH IUT	☐	Fetomaternal Hemorrhage (Intrauterine Transfusion)

PLATELETS

PLAG	☐	Platelet Surface Markers
POOL	☐	Platelet Storage Pool Deficiency (Monday - Thursday only)
PRET	☐	Platelet Reticulocytes

IMMUNE MONITORING

CD4	☐ CD4 Count (CD3, CD4, CD8)
RITUXIM	☐ CD19 Quantitation

IMMUNODEFICIENCY INVESTIGATION

ALPS	☐ Autoimmune Lymphoproliferative Syndrome Panel
BSUBSETS	☐ B Cell Subsets Panel
BTK	☐ Bruton Tyrosine Kinase Protein Expression
CD57	☐ CD57 Positive NK Cells
CD107A	☐ NK Cell Degranulation
CD127/CD132	☐ X-linked SCID Screen
DOCK8	☐ DOCK8 Protein Expression
HLH	☐ Perforin/Granzyme B
ICOS	☐ Inducible Costimulatory Molecule (CD278)
IL12PATHWAY	☐ IL-12Rβ1 (CD212) and pSTAT4
INFGPATHWAY	☐ INF- γRα (CD119) and pSTAT1
IDEF	☐ Immunodeficiency Screening Panel
INKT	☐ Invariant NK Cells
LAD	☐ Leukocyte Adhesion Deficiency
LAM	☐ Lymphocyte Activation Markers
LINK	☐ Hyper IgM Syndrome Screen
LRBA	☐ LRBA Protein Expression
MSA	☐ Mitogen Stimulation Assay
NFUN	☐ Neutrophil Function – Oxidative Burst
PSTAT3	☐ Phosphorylated STAT3
PSTAT5	☐ Phosphorylated STAT5
RTE	☐ Recent Thymic Emigrants
SORT SCID	☐ T Cell Sort for Maternal Engraftment (SCID investigation)
TCR FLOW	☐ TCR vβ Repertoire
TCRABGD	☐ TCRαβ and TCRγδ Subsets
TH17	☐ Th17 Enumeration
TREG	☐ Regulatory T Cells (FoxP3)
TSUBSETS	☐ T Cell Subsets Panel
WASP	☐ Wiskott Aldrich Syndrome Panel
XLP1	☐ SAP Protein Expression
XLP2	☐ XIAP Protein Expression
ZAP70 SCID	☐ ZAP-70 (SCID Investigation)

STEM CELL AND T CELL HARVESTING

CD34 PB	☐ CD34 Count – Peripheral Blood

OTHER	

COLLECTED BY:	COLLECTED AT:	ACCESSION NUMBER :
DATE COLLECTED	TIME COLLECTED	

COLLECTION REQUIREMENTS FOR CLS FLOW CYTOMETRY TESTING

See CLS Guide To Lab Services (GTS) at www.calgarylabservices.com for more detailed information.

TEST ABBREVIATION	COLLECTION REQUIREMENTS
ALPS	1 x 4 mL dark green top sodium heparin. See #2 below.
B27	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
BSUBSETS	1 x 4 mL dark green top sodium heparin. See #2 below.
BTK	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
CD34	1 x 4 mL lavender top EDTA
CD57	1 x 4 mL dark green top sodium heparin.
CD107a	1-2 x 4 mL dark green top sodium heparin only. See #4 below.
CD127/CD132	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
CD4	Pediatric: 1 x 0.5mL lavender top ETDA tube. Adult: 1 x 4 mL lavender top EDTA
DOCK8	1 x 4 mL dark green top sodium heparin
FMH	1 x 4 mL lavender top EDTA
HLH	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
HS	Pediatric: 1 x 1.8 mL blue top sodium citrate **and** 1 x 4mL lavender EDTA. Adult: 1 x 8.5 mL yellow top ACD-A **and** 1 x 4mL lavender EDTA
ICOS	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
IL12PATHWAY	2 x 4 mL dark green top sodium heparin. See #5 below.
INFGPATHWAY	2 x 4 mL dark green top sodium heparin. See #5 below.
IDEF	Pediatric: 1 x 1.8 mL blue top sodium citrate. See #2 below. Adult: 1 x 8.5 mL yellow top ACD-A.
iNKT	1 x 4 mL dark green top sodium heparin.
LAD	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
LAM	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
LEUK LOMA	Blood: Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A. All other specimen types: refer to CLS Guide to Lab Services for Leukemia/Lymphoma Panels collection guidelines
LINK	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
LRBA	1 x 4 mL dark green top sodium heparin.
MSA	2 x 4 mL dark green top sodium heparin. See #5 below. Collect Wednesday only.
NFUN	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
PLAG	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
PLDY	Paraffin embedded tissue: 3x50um sections. Blood: Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
POOL	1 x 8.5 mL yellow top ACD-A or 1 4.5 mL blue top sodium citrate. Testing must be performed within 8 hours of collection
PRET	Pediatric: 1 x 1.8 mL blue top sodium citrate. See #2 below. Adult: 1 x 8.5 mL yellow top ACD-A.
pSTAT3	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
pSTAT5	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
RITUXIM	1 x 4 mL lavender top EDTA. See #2 below.
RTE	1 x 4 mL dark green top sodium heparin.
SORT SCID	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A. **Parent's samples should accompany the patient sample**
TCRABGD	1 x 4 mL dark green top sodium heparin
TCR vbeta	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
Th17	1 x 4 mL dark green top sodium heparin.
TREG	Pediatric: 1 x 0.5mL EDTA microcollection container Adult: 1 x 4 mL lavender top EDTA. See #2 below.
TSUBSETS	1 x 4 mL dark green top sodium heparin. See #2 below.
WASP	1 x 4 mL dark green top sodium heparin.
XLP1	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
XLP2	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
ZAP70 SCID	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.

SPECIMEN HANDLING NOTES

1. A partial draw in an ACD-A tube is not recommended.
2. A CBC/DIFF must also be collected and results faxed to 403-270-4135.
3. **Out of Province:** ship at room temperature by overnight courier. Fax waybill to 403-270-4135. Do not collect/ship on Fridays or the day prior to a STAT holiday.
4. Must be received for testing within 24h of collection. Ship a normal sample with the patient sample as a control.
5. Do not refrigerate.