



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

Leaders in
Laboratory Medicine

FLOW CYTOMETRY REQUISITION

PROVINCE		PERSONAL HEALTH NUMBER (PHN)		REGIONAL HEALTH RECORD NUMBER	
		-			
ORDERING PHYSICIAN (Apply APL Dr. Office Stamp Here): Last Name / Full First Name:		PATIENT LAST NAME		FULL FIRST NAME	
Location/Facility / Address:				MIDDLE NAME	
Phone Number:		PATIENT ADDRESS		CITY, PROVINCE	
Healthcare Provider ID:				POSTAL CODE	
Copy to:		CHART NUMBER		GENDER	
1. Last Name / Full First Name: Phone:				DATE OF BIRTH	
Office Address/Location:				Y Y Y Y / M M M / D D	
2. Last Name / Full First Name: Phone:				PATIENT PHONE NUMBER	
Office Address/Location:				() - - - - -	
ORDERING LOCATION		CLINICAL INFORMATION			
<input type="checkbox"/> ACH <input type="checkbox"/> RGH <input type="checkbox"/> FMC <input type="checkbox"/> PLC <input type="checkbox"/> SHC <input type="checkbox"/> OTHER					

HEMATOPATHOLOGY New Diagnosis Follow-up

CLINICAL/LABORATORY FINDINGS

- Lymphocytosis >3.0x10⁹/L
- Immature Myeloid Cells
- Monocytosis >1.0x10⁹/L
- Neutropenia <2.0x10⁹/L,>1 month
- Blasts present
- Thrombocytopenia <100x10⁹/L
- Monoclonal Peak/Plasma Cell
- 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)

***Tests Temporarily Unavailable**

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 APL FLOW CYTOMETRY TESTING

See APL website at www.albertaprecisionlabs.ca 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 EDTA 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 APL 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.