

Flow Cytometry Requisition

Scanning Label or Accession # (lab only)

Patient	PHN		Date of Birth (dd-Mon-yyyy)		
	Expiry: _____				
	Legal Last Name		Legal First Name		Middle Name
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
Address		City/Town	Prov	Postal Code	
Provider(s)	Authorizing Provider Name (last, first, middle)		Copy to Name (last, first, middle)	Copy to Name (last, first, middle)	
	Address		Address	Address	
	CC Provider ID	CC Submitter ID	Phone	Phone	
	Clinic Name		Clinic Name	Clinic Name	
Collection	Date (dd-Mon-yyyy)	Time (24 hr)	Location	Collector ID	

Hematopathology	<input type="checkbox"/> New Diagnosis	<input type="checkbox"/> Follow-up
Clinical/Laboratory Findings		
<input type="checkbox"/> Lymphocytosis	<input type="checkbox"/> Immature Myeloid Cells	
<input type="checkbox"/> Monocytosis	<input type="checkbox"/> Fungoides/sarcoidosis	
<input type="checkbox"/> Blasts present	<input type="checkbox"/> Thrombocytopenia	
<input type="checkbox"/> Monoclonal Peak/Plasma Cell	<input type="checkbox"/> Abnormal Morphology	
<input type="checkbox"/> Leukemia/Lymphoma Immunophenotyping	<input type="checkbox"/> Peripheral Blood	
	<input type="checkbox"/> Bone Marrow	
	<input type="checkbox"/> BAL	
	<input type="checkbox"/> CSF mL: _____	
	<input type="checkbox"/> Tissue Site: _____	
	<input type="checkbox"/> Fluid Site: _____	
	<input type="checkbox"/> Other: _____	
Chimerism Studies		
<input type="checkbox"/> Donor, Pre-transplant Peripheral Blood		
<input type="checkbox"/> Recipient, Pre-transplant Peripheral Blood		
<input type="checkbox"/> Recipient, Post-transplant Peripheral Blood		
<input type="checkbox"/> Recipient, Post-transplant Bone Marrow		
<input type="checkbox"/> T Cell Sort for Maternal Engraftment		
Post-transplant: _____ months post-transplant		
Cell subsets sorted are based on phenotype of disease: _____		
Specify diagnosis: _____		
<input type="checkbox"/> Myeloid	<input type="checkbox"/> T Cells	<input type="checkbox"/> B Cells
		<input type="checkbox"/> NK Cells
Miscellaneous		
<input type="checkbox"/> HLA-B27		
<input type="checkbox"/> PNH Panel		
Erythrocytes		
<input type="checkbox"/> Hereditary Spherocytosis		
<input type="checkbox"/> Fetomaternal Hemorrhage (Peripheral Blood)		
<input type="checkbox"/> Fetomaternal Hemorrhage (Intrauterine Transfusion)		
Platelets		
Must be collected Monday to Friday (24 hours stability)		
Out of Province: Monday to Thursday Only		
<input type="checkbox"/> Platelet Surface Markers		
<input type="checkbox"/> Platelet Storage Pool Deficiency		
<input type="checkbox"/> Platelet Reticulocytes		
Immune Monitoring		
<input type="checkbox"/> T-Cell Subsets CD3/CD4/CD8		
<input type="checkbox"/> B Cell Enumeration		

Immunodeficiency Investigation
Must be Collected Monday to Friday
Out of Province: Monday to Thursday Only
<input type="checkbox"/> Autoimmune Lymphoproliferative Syndrome
<input type="checkbox"/> B-Cell Subsets Extended Panel
<input type="checkbox"/> Bruton Tyrosine Kinase protein Expression
<input type="checkbox"/> CD57 Positive NK Cells
<input type="checkbox"/> Common Gamma Chain and Interleukine-7-Receptor Alpha Expression
<input type="checkbox"/> DOCK8 Protein Expression
<input type="checkbox"/> IFN-Gamma Pathway (CD119 Only)
<input type="checkbox"/> IL-12 Pathway (CD212 Only)
<input type="checkbox"/> Immunodeficiency Screening Panel
<input type="checkbox"/> Leukocyte Adhesion Deficiency
<input type="checkbox"/> Neutrophil Function – Oxidative Burst
<input type="checkbox"/> Perforin and Granzyme B Quantitation
<input type="checkbox"/> Recent Thymic Emigrants
<input type="checkbox"/> TCR vBeta Repertoire Panel
<input type="checkbox"/> TCRabgd
<input type="checkbox"/> Regulatory T Cells
<input type="checkbox"/> T-Cell Subsets Extended Panel
<input type="checkbox"/> Wiskott Aldrich Syndrome Protein
<input type="checkbox"/> ZAP-70 Immunodeficiency Investigation
Must be Collected Monday to Thursday (24 hours stability)
Out of Province: Monday to Wednesday Only
<input type="checkbox"/> NK Cell Degranulation
<input type="checkbox"/> Inducible Costimulatory Molecule (CD278)
<input type="checkbox"/> Invariant NKT Cells
<input type="checkbox"/> X-Linked Hyper IgM Syndrome
<input type="checkbox"/> LRBA Protein Expression
<input type="checkbox"/> Phosphorylated STAT3
<input type="checkbox"/> Th17 Enumeration
<input type="checkbox"/> SAP Protein Expression
<input type="checkbox"/> XIAP Protein Expression
Must be collected on Wednesday Only
<input type="checkbox"/> Lymphocyte Activation Markers
<input type="checkbox"/> Mitogen Stimulation Assay
Stem Cell Harvesting
<input type="checkbox"/> CD34 Enumeration
Complete Patient History Page 2

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	CC Provider ID	CC Submitter ID	Phone	Phone	Phone
Clinic Name		Clinic Name		Clinic Name	
Collection	Date <i>(dd-Mon-yyyy)</i>		Time <i>(24 hr)</i>		Location
					Collector ID

Clinical Information for Immunodeficiency Investigation

Suspected Diagnosis
Indication for Testing
<input type="checkbox"/> Diagnostic <input type="checkbox"/> Family History <input type="checkbox"/> Other <i>(specify)</i> _____
<input type="checkbox"/> Post HSC Transplant → Date _____
History
Physical Findings
Family History
Other Lab Findings

Specimen Shipping Information (For Out of Province Only)

Please refer to our Guide To Services for specific sample collection and handling information at www.albertaprecisionlabs.ca

Courier Company	Waybill Number
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Payment & Billing Information (For Out of Province Only)

<input type="checkbox"/> Existing Client → Client Number _____ <input type="checkbox"/> New Client <i>(complete fields below)</i>					
Hospital/Lab Name		Address		Province	Postal Code
Billing Contact Name		Email		Phone	Fax

Ordering Checklist (For Out of Province Only)

- Specimen collection requirements met *(see APL website at www.albertaprecisionlabs.ca for more detailed information)*
- Specimen and control (if required) appropriately labeled, packaged and ready to ship
- Complete Requisition form (Page 1 & 2)
- Fax requisition and waybill information to the testing lab