

Flow Cytometry/Immunophenotyping Request Instructions

If you have any questions, please contact your Allina Health Laboratory Account Representative for assistance. The numbers of topics indicate the position on Flow Cytometry/Immunophenotyping Requisition as pictured on the following page.

Demographics

1. Indicate the ordering provider.
2. Enter the diagnosis and specimen type.
3. Indicate billing preference.
4. If the specimen is collected at your site, enter the date and time of collection.
5. Complete patient information/demographics. Billing information is essential if the work is to be billed to the patient's insurance.

6. Peripheral Blood with Pathologist Interpretation, NO Morphology

PNH is only offered without morphology as a stand-alone test. Include a copy of your CBC results. If Peripheral Blood Morphology (LAB470) is needed, order/send a separate request and tube.

7. Peripheral Blood, NO Pathologist Interpretation or Morphology

These are Technical Only peripheral blood tests that provide a numeric value and no pathologist interpretation is needed. Include a copy of your CBC results when indicated.

8. Bronchoalveolar lavage, NO Pathologist Interpretation

This is a Technical Only bronchoalveolar lavage test that provides a numeric value and no pathologist interpretation is needed.

9. DNA Ploidy with Pathologist Interpretation

This test is performed on Products of Conception (POC) paraffin blocks.

10. Non-Peripheral Blood with Pathologist Interpretation

This test is only for non-peripheral blood specimens. If peripheral blood flow cytometry with pathologist interpretation is desired, a Peripheral Blood Morphology (LAB470) must be ordered. **IMPORTANT:** Provide patient clinical information for the interpreting pathologist in the boxes below the test.

11. Technical Only

These are Technical Only tests (no Allina Pathologist interpretation provided) for clients who have their own pathologists that will interpret our flow cytometry results. Specimens can be sent as a HOLD with possible pathologist orders at a later date/time. The markers in each tube are listed on the request form second page. More Technical Only tests are listed on the left side of the request form.

12. Special Instructions

Include any special instructions for Flow Cytometry testing in either area.

Note: If Peripheral Blood Morphology (LAB470) is needed, order using the Clinical Request.



LAB08

ALLINA HEALTH LABORATORY
FLOW CYTOMETRY/IMMUNOPHENOTYPING
2800 10th Ave S, Ste 2000, Minneapolis, MN 55407
Phone: 612-863-4678 • Fax: 612-863-4067
www.allinahealth.org/laboratory

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BILL TO (MUST CHECK ONE): CLIENT PATIENT / INSURANCE

1

4

DATE & TIME COLLECTED

DRAWN BY

GENDER: MALE FEMALE

BIRTH DATE (MM-DD-YYYY)

PATIENT NAME: Last, First MI

CHART #

PATIENT ADDRESS: Street and City

5

STATE ZIP

PATIENT PHONE ()

MEDICARE PRIMARY MEDICARE SECONDARY

MEDICARE

MEDICAL ASSISTANCE # STATE

INSURANCE CO. NAME RELATIONSHIP OF PATIENT TO INSURED
 SELF SPOUSE DEPEND. OTHER

POLICY HOLDER'S NAME POLICY HOLDER DATE OF BIRTH (IF NOT PATIENT)

SUBSCRIBER ID # GROUP #

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REQUIRED information for all Flow Cytometry orders:

Diagnosis

2

Specimen Type

Dx1 Dx3 PROVIDER SIGNATURE

Dx2 Dx4 REFERRING PROVIDER

TECHNICAL ONLY

See Test Catalog for specimen collection & transport information

No Heparin and EDTA PB or BM; tissue in RPMI with Hepes, Pen Strep, and FBS
CASE # (Required for all Technical Only Orders):

Peripheral Blood with Pathologist Interpretation, NO Morphology

2323 & 12482 Paroxysmal Nocturnal Hemoglobinuria (PNH) - enclose CBC

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12420 Flow Cytometry HOLD

12420 Acute Leukemia (tubes A1, A2, A3, A4, A5, A6, A7)

12420 Acute Leukemia PB (tubes ALPB, A7)

Peripheral Blood, NO Pathologist Interpretation/Morphology

12403 B Cell Enumeration - for Therapeutic Monitoring - enclose CBC results

5239 Immunodeficiency Panel - % and absolute - enclose CBC results

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2332 CD4/CD8/T Cells Panel - HIV monitoring - enclose absolute

12420 B Cell Leukemia/Lymphoma (tubes B1, B2, B3)

12420 Cytokeratin (tube CK)

12420 Hairy Cell Leukemia (tubes B1, B2, B3, B4)

12420 Hairy Cell Leukemia Residual (tubes B1, B5)

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Bronchoalveolar lavage, NO Pathologist Interpretation

12402 BAL CD4/CD8 - for T subset Analysis

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12420 Light Chain Screen (tube B1)

12420 Plasma Cell Heavy Chains (tubes P1, P2, P3)

12420 Plasma Cell Screen (tube P1)

DNA Ploidy with Pathologist Interpretation

12379 DNA Ploidy (send H & E slide - will be returned)

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12420 Precursor/blast Enumeration (tube PBE)

12420 Residual Acute Myeloid Leukemia (tubes A3, A4, A5)

12420 Residual B - Acute Lymphoblastic Leukemia (tubes A1, A2)

Non-Peripheral Blood with Pathologist Interpretation

12379 Flow Cytometry (send representative slides - will be returned)

12420 Residual T - Acute Lymphoblastic Leukemia (tubes T1, T2, T3, T4; varies according to original phenotype)

12420 T & B Cell Screen (tubes B1, T1, T2)

12420 T Cell Leukemia/Lymphoma (tubes T1, T2, T3, T4)

Brief clinical information:

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Special Instructions

What do you want answered by Flow?

Special Instructions:

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Affix RQ Label Here