

FLOW CYTOMETRY REQUISITION

Flow Cytometry Lab Room # 3212 British Columbia Cancer Agency
600 West 10th Avenue, Vancouver BC V5Z 4E6

Phone: (604) 877 6000 Ext. 2085

Fax: (604) 707 6349

All fields must be completed LEGIBLY (patient demographics may be addressographed instead).

Patient Name (last, first) _____ PHN _____ Expiry (mm / yy) _____

Date of Birth (d/m/y) _____ Sex M F BCCA patient Yes No BCCA No. _____

Requesting Physician _____ MSC _____

Address _____

Report copy to (all information is necessary to receive a report)

Name: _____ MSC _____ Address _____

Name: _____ MSC _____ Address _____

Referring facility _____

Referring Pathologist _____

Sample Collection Date and time: (d/m/y) _____ : _____ (24 hour clock)

Sample Type: PB BM Please send a stained or unstained direct smear

Tissue _____ Site _____ Surgical Number: _____

Fluid _____ Site: _____

Other _____ Site: _____

Clinical History/Diagnosis _____

Indication for Testing: Establish diagnosis Staging Other (elaborate below)

Sample Testing

BCCA performs Flow Cytometry immunophenotyping testing for Lymphoma, Chronic B or T cell Leukaemias and Lymphoproliferative disorders only

Label shipping container with "RUSH" and send immediately to

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British Columbia Cancer Agency
600 West 10th Avenue,
Vancouver BC V5Z 4E6

CD4/CD8 testing for AIDS or AIDS/ARC patients must be sent to St. Paul's Hospital.

Acute Leukaemia, PNH, myelodysplasia or myeloproliferative disorder requests must be sent directly to Vancouver General Hospital.

Pediatric Disease should be sent to BCCH/C&W

If consultation with a Pathologist is required, please contact:

Dr. A Weng	604-675-8136
Dr G. Slack	604-877-6000 # 2142
Dr R. Gascoyne	604-877-6000 # 2097

Specimen Requirements for Flow Cytometry Immunophenotyping. Flow Cytometry Laboratory, BC Cancer Agency – Vancouver Centre

The Flow Cytometry Laboratory performs test protocols for diagnosis of Lymphoma and Chronic Lymphocytic Leukemia (CLL) and other Lymphoproliferative disorders.

Specimen Requirements

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- a) **Blood** – Send a minimum of 4 mL fresh peripheral blood collected in an **EDTA** anticoagulated tube. Transport in a labeled shipping container at room temperature. Include the latest CBC report and two unstained smears which must be alcohol fixed.
- b) **Bone Marrow** – Send a minimum of 1 mL fresh bone marrow aspirate with **EDTA** anticoagulant. Make 2 unstained smears, fix the slides with alcohol. Then add 1 mL of phosphate buffered saline or sterile saline to the marrow and mix well. Transport in a shipping container under cool conditions, with the smears. Protect the sample from freezing during transport by wrapping the ice packs with paper toweling.
- c) **Fresh Tissue** –Keep the sample moist by wrapping the tissue in saline-soaked gauze and placing inside the labeled specimen container. Transport on ice packs in a shipping container, and send immediately. Protect the sample from freezing during transport by wrapping the ice packs with paper toweling. Please indicate the tissue site on the sample container. Do not add any fixative.
- d) **Fine Needle Aspiration for suspected lymphoma.** The number of cells harvested in any given FNA procedure varies greatly. Multiple aspirations are usually better than a single aspiration of the site. Single aspirate samples often contain too few cells for satisfactory analysis. Dispense the aspirates into 1.0 mL buffered saline and mix gently. Place the aspirate in an **EDTA** tube to anti-coagulate, if required. Ship as for bone marrow samples (cool, not frozen).
- e) **Body Fluids for suspected lymphoma.** A minimum of 10 mL sample placed in an EDTA tube. Ship as for bone marrow aspirates (cool, not frozen). Please indicate the site on the sample container.
- f) Label all samples with the patient name, Ministry of Health personal health number (PHN), date of birth, and sample type and site.

Requisition Requirements

- a) Flow Cytometry Requisitions are available on the BCCA website. Contact the Flow Cytometry laboratory at 604-877-6000 extension 2085 for any enquiries. **Regional batch shipping reports from your LIS are not a suitable substitution and may delay testing.**
- b) If submitting multiple samples on the same patient, provide a properly completed requisition for **each** sample. Each sample type and site must be clearly identified.
- c) The minimum information required by the laboratory comprises patient name, Ministry of Health personal health number (PHN), date of birth, sample type, sample site, date of collection, submitting facility, clinical indications, requesting physician, and appropriate copy-to physicians or facilities.
- d) Identify copy-to physicians accurately with first name, last name and billing number to ensure the correct physician receives the report. **We are unable to send reports to physicians when last name only is provided.**
- e) It is not our practice to send copies of the report to each submitting facility unless the facility is identified as a distinct copy-to address.

- f) Record clinical indications and differential diagnosis as this information is essential for proper selection and interpretation of cell surface markers.
- g) Requisition data must be **legible and complete**. Processing is delayed when the laboratory must contact the submitting laboratory to gather or confirm the required information.

Specimen Transport

- a) Pre-booking of incoming samples by telephone or by faxing documents is no longer required.
- b) Regular laboratory service is available from 0900-1700 hrs Monday to Friday. Staff is not available to accept delivery after laboratory hours. **Please send your samples early in the day, and early in the week.** Samples arriving after 1500 hours are held until the following working day for processing.

If there is a question whether a sample will be delivered before 1700 hours or before a weekend, please store the sample appropriately at your facility and ship the following work day. Please call the laboratory directly if you have questions.

- c) Label sample **RUSH – Flow Cytometry**. Transport samples directly to the following address.

Flow Cytometry Laboratory,
Lab Medicine, 3rd Floor, Room 3212
BC Cancer Agency – Vancouver Centre
600 West 10th Avenue
Vancouver, British Columbia V5Z 4E6

Pathologist Consult

If a medical consult is required, please contact the BCCA Pathology Administration Office at 604-877-6000 #2071 and ask for the Hematopathologist on flow cytometry service for the current week.

Flow Cytometry Laboratory BCCA 604 877 6000 local 2085.