

## FLOW CYTOMETRY REQUISITION

Addressograph

**All fields must be completed** (addressograph labels with appropriate demographics are also acceptable)

Patient Name (last, first): \_\_\_\_\_ PHN: \_\_\_\_\_  
 Date of Birth (d/m/y): \_\_\_\_\_ Sex: M F  
 Referring facility: \_\_\_\_\_ Collection Date: \_\_\_\_\_  
 Referring Pathologist (RP): \_\_\_\_\_ RP Phone/Pager: \_\_\_\_\_  
 Most Responsible Physician (MRP): \_\_\_\_\_ MRP Billing #: \_\_\_\_\_  
 Copy to Physician(s): \_\_\_\_\_ MRP Phone/Pager: \_\_\_\_\_

**TESTING SITE:** Site selection is based on primary clinical suspicion. If testing at both sites is required “up front” please note that each site requires separate requisitions, specimens, slides and reports.

BC Cancer Agency (BCCA)	Vancouver General Hospital (VGH)
<input type="checkbox"/> <u>Lymphoma/Chronic Lymphocytic Leukemia/Lymphocytosis</u> <input type="checkbox"/> Initial diagnosis <input type="checkbox"/> Staging <input type="checkbox"/> Follow up  <input type="checkbox"/> <u>T-Lymphoproliferative Disorder</u>	<input type="checkbox"/> <u>Acute Leukemia</u> <input type="checkbox"/> Initial diagnosis <input type="checkbox"/> Follow up <input type="checkbox"/> <u>Myelodysplasia (if increased blasts)</u> <input type="checkbox"/> <u>Myeloproliferative neoplasm (if increased blasts)</u> <input type="checkbox"/> <u>Paroxysmal Nocturnal Hemoglobinuria - PNH</u> <input type="checkbox"/> <u>Multiple Myeloma/MGUS</u> <input type="checkbox"/> <u>Other:</u> _____

**CLINICAL INFORMATION:** \_\_\_\_\_

**SAMPLE TYPE:** The following **MUST** be submitted with each specimen type (refer to page 2 for details)

<input type="checkbox"/> <b>Blood</b> ➤ Specimen: 4 ml in EDTA (7 ml for PNH analysis) ➤ Reports: CBC/Diff, retic, chemistry ➤ Slides: 2 unstained, unfixed
<input type="checkbox"/> <b>Bone Marrow</b> ➤ Specimen: 2 ml in EDTA ➤ Reports: CBC/Diff, retic, chemistry ➤ Slides: 2 unstained, unfixed
<input type="checkbox"/> <b>Body Fluids</b> Site: _____ ➤ Specimen: 10 ml in EDTA (no anticoagulant for CSF)
<input type="checkbox"/> <b>Fine Needle Aspirate</b> Site: _____ ➤ Specimen: 1 ml in saline or EDTA
<input type="checkbox"/> <b>Tissue (BCCA only)</b> Site: _____ Surgical number: _____ ➤ submerge in saline or nutrient media, container on ice

Send completed form and materials to:
<b>BCCA: Attn: Flow Cytometry Laboratory</b> Lab Medicine, 3 <sup>rd</sup> floor, Room 3212 BC Cancer Agency 600 West 10th Avenue Vancouver, BC V5Z 4E6
<b>VGH: Core Lab, Vancouver General Hospital</b> <b>Attn: Flow Cytometry Laboratory</b> Jim Pattison Pavilion, 1 <sup>st</sup> Floor, Room 1300 855 West 12 <sup>th</sup> Avenue Vancouver, BC V5Z 1M9

**Physician signature:**

\_\_\_\_\_

	Lymphoma, CLL, Lymphocytosis	Acute Leukemia (AML, ALL), MDS, MPN	Plasma Cell Dyscrasias	PNH
Flow Cytometry	BCCA	VGH	VGH	VGH

#### B. PATHOLOGIST CONSULTATION:

<b>BCCA:</b> Pathology Administration Office Phone: (604) 877-6000 Ext. 672071 Ask for the Hematopathologist on flow cytometry service	<b>VGH:</b> Hematopathology Administration Office Phone: (604) 875-4381 Ask for the Hematopathologist on consult service
---	---

#### C. SAMPLE REQUIREMENTS FOR FLOW CYTOMETRY:

- Blood** – Minimum of 4mL peripheral blood in **EDTA** anticoagulant, 2 unstained and unfixed slides. Include latest CBC/Differential report. Transport at room temperature.
- Bone Marrow** – Minimum of 2mL marrow aspirate in **EDTA** anticoagulant, 2 unstained and unfixed slides. Transport at room temperature. If dry tap necessitates submitting a core biopsy, send as for tissues below.
- Body Tissue** – Sample must be kept moist and cool prior to processing. Submerge tissue in saline (or place on a saline-soaked non-stick Telfa pad) in a clearly labelled specimen container and transport on an ice pack - *cool, not frozen*. Indicate the precise biopsy site on the sample container. Where available nutrient media (e.g. RPMI, DMEM) can be used instead of saline. **Fixed tissue samples are not appropriate for Flow Cytometry testing.**
- Fine Needle Aspirate** – As single aspirate samples often contain too few cells for analysis, please consider multiple aspirations of a given site when possible. Dispense aspirates into 1mL saline and mix gently. If aspirate is bloody, transfer it to an EDTA tube to prevent clotting. Transport on ice packs (cool, not frozen).
- Body Fluids** – Minimum of 10 mL sample placed in an EDTA tube. Transport on ice packs (cool, not frozen). Clearly indicate the site on the sample container.

#### D. REQUISITION REQUIREMENTS:

- Flow Cytometry Requisitions are available on the BCCA website:  
<http://www.bccancer.bc.ca/health-professionals/professional-resources/laboratory-services/flow-cytometry>
- When submitting multiple samples on the same patient, provide a completed requisition for each sample. Each sample type and site must be clearly identified.
- The minimum information required by the laboratory comprises patient name, PHN, DOB, sample type, sample site, date of collection, submitting facility, clinical indications, and the requesting physician.
- Please record clinical indications, differential diagnosis, clinical presentation, other co-morbidities and patient medications (if applicable). This information is essential for proper selection and interpretation of cell surface markers.

#### E. SPECIMEN TRANSPORT:

- Pre-booking of incoming samples by telephone or by faxing documents is not required.
- Regular laboratory hours at BCCA and VGH are 08:00-17:00, Monday to Friday. Closed on statutory holidays. **Please send samples early in the day and early in the week when possible.** Samples arriving after 15:00 hours are held until the following work day for processing.

#### F. SHIPPING:

Label shipping container with “RUSH - FLOW CYTOMETRY” and send to:

<b>BCCA:</b> Flow Cytometry Lab British Columbia Cancer Agency Room 3212 600 West 10th Avenue Vancouver, BC V5Z 4E6	<b>VGH:</b> Core Laboratory Vancouver General Hospital Jim Pattison Pavilion, Room 1300E 855 West 12 <sup>th</sup> Avenue, Vancouver, BC V5Z 1M9
--	---

#### G. LABORATORY CONTACT:

<b>BCCA:</b> Phone: (604) 877-6000 Ext 672085 Fax: (604) 707-6349	<b>VGH:</b> Phone: (604) 875-4111 Ext 62609 Off Hours Contact: (604) 875-4111 Ext 62982 Fax: (604) 875-4798
---	--