



Addressograph

FLOW CYTOMETRY REQUISITION

All Fields Must Be Completed (addressograph labels with appropriate demographics are also acceptable)

Patient Name (Last, First):		PHN:
Date of Birth (dd/mmm/yy):	Cerner MRN:	Sex: M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/> X <input type="checkbox"/>
Referring Facility:	Collection Date/Time:	
Ordering/Referring Pathologist Name (Last, First):	MSP#:	Phone #:
Most Responsible Physician Name (MRP) (Last, First):	MSP#:	Phone #:
Copy to: Physician Name (Last, First):	MSP#:	Phone #:
Copy to: Physician Name (Last, First):	MSP#:	Phone #:

OUT OF PROVINCE/COUNTRY INSURANCE NUMBER:

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

BC Cancer – Vancouver	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"/> Blood ➢ Specimen: 4 ml in EDTA (7 mL for PNH analysis) ➢ Reports: CBC/Diff, retic, chemistry ➢ Slides: 2 unstained, unfixed
<input type="checkbox"/> Bone Marrow Aspirate ➢ Specimen: 2 ml in EDTA ➢ Reports: CBC/Diff, retic, chemistry ➢ Slides: 2 unstained, unfixed
<input type="checkbox"/> Bone Marrow Core Biopsy (for Dry Tap) ➢ Specimen: Biopsy in Sterile Saline ➢ Reports: CBC/Diff, retic, chemistry ➢ Slides: 1 biopsy touch prep unstained, unfixed
<input type="checkbox"/> Body Fluids Site: ➢ Specimen: 10 ml in EDTA (no anticoagulant for CSF) ➢ Slides: 1 cytospin unstained or stained
<input type="checkbox"/> Fine Needle Aspirate Site: ➢ Specimen: 1 ml in saline or EDTA
<input type="checkbox"/> Tissue (BCC-VCC Only) Site: Surgical Number: ➢ Submerge in saline or nutrient media, container on ice

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

Physician Signature:

Date Signed:

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.

DETAILED INSTRUCTIONS

A. FLOW CYTOMETRY TESTING LOCATION:

	Lymphoma, CLL, Lymphocytosis	Acute Leukemia (AML, ALL), MDS, MPN	Plasma Cell Dyscrasias	PNH
Flow Cytometry	BC Cancer - Vancouver	VGH	VGH	VGH

B. PATHOLOGIST CONSULTATION:

BC Cancer - Vancouver: Pathology Administration Office Phone #: (604) 877-6000 Ext. 672071 Ask for the Hematopathologist on flow cytometry service	VGH: Hematopathology Administration Office Phone #: (604) 875-4381 Ask for the Hematopathologist on consult service
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C. SAMPLE REQUIREMENTS FOR FLOW CYTOMETRY:

- Blood** – Minimum of 4mL peripheral blood in **EDTA** anticoagulant (7mL for PNH), 2 unstained and unfixed slides. Include latest CBC/Differential report. Transport at room temperature.
- Bone Marrow Aspirate** – 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, see below. If there is circulating blasts, can submit blood sample as well.
- Bone Marrow Core Biopsy** – Biopsy kept moist in sterile saline, 1 unstained and unfixed biopsy touch prep. Transport at room temperature.
- 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, 1 unstained or stained cytospin. Transport on ice packs (cool, not frozen). Clearly indicate the site on the sample container.

D. REQUISITION REQUIREMENTS:

- Flow Cytometry Requisitions are available via website:
 - VGH:** <https://one.vch.ca/dept-project/VCH-Regional-Laboratory-Medicine/Pages/Hematopathology.aspx> - Select Flow Cytometry Requisition Form
 - BCC-VCC:** <http://www.bccancer.bc.ca/lab-services-site#Test-Request-Forms> - Select Flow Cytometry Request Form
- 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 BCC-VCC 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.
- Package and send samples as per the appropriate transportation of dangerous goods (TDG) protocol.

F. SHIPPING:

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

BC Cancer - Vancouver: Flow Cytometry Lab BC Cancer, Vancouver Cancer Clinic Room 3212 600 West 10th Avenue Vancouver, BC V5Z 4E6	VGH: Core Laboratory Vancouver General Hospital Jim Pattison Pavilion, Room 1300E 855 West 12 th Avenue, Vancouver, BC V5Z 1M9
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G. LABORATORY CONTACT:

BC Cancer - Vancouver: Phone #: (604) 877-6000 Ext 672085 Fax #: (604) 707-6349	VGH: Phone #: (604) 875-4111 Ext 62609 Off Hours Contact: (604) 875-4111 Ext 62982 Fax #: (604) 875-4798
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