

Flow Cytometry Requisition Version February 2022

Ship to: Toronto General Hospital Flow Cytometry Laboratory, Eaton Wing 11-444 200 Elizabeth Street Toronto, Ontario, Canada M5G 2C4 Phone: 416-3400-4800 ext. 5252 or 5680 Fax: 416-340-5543 Report Inquiry: 416-340-4800 ext. 5875 or 2244 For testing not listed on the requisition please contact the laboratory before sending samples. SAMPLES WILL ONLY BE ACCEPTED:	Patient Name:
(excluding holidays) Monday to Thursday: 9 am — 5 pm Friday: 9 am — 12:30 pm	Lab Contact Fax #:
Sample Information: Date and Time of Collection: (DD/MN)	//YYYY) (HH:MM)
Blood (~5 mL) FNA (Specify) Fluid (Specify)	
Aspirate (~2 mL) Clinical Information/Diagnosis:	
IMMUNOPHENOTYPING: Please include receimarrow slide as appropriate	nt CBC printout and one unstained blood or bone
 Lymphoproliferative Disease: — Blood & Bone Marrow send one tube (EDTA) of blood or (Sodium Heparin) bone marrow @RT — Excised lymph node (or other tissue) — send ~5 mm² tissue in RPMI — enough to cover tissue @4°C (do not allow sample to freeze) 	Absolute CD4, CD8, CD3 Count and CD4/CD8 Ratio — send one tube (EDTA) of blood @RT Myelodysplastic Syndrome (MDS) — send one (Sodium Heparin) bone marrow @RT Multiple Myeloma/Plasma Cell Neoplasia — send one (Sodium Heparin) bone marrow @RT
 Fine needle aspirate (FNA) or Fluid — send in sterile screw cap container @4°C Acute Leukemia send one tube (EDTA) of blood or (Sodium Heparin) bone marrow @RT 	 CD19/CD20 (Rituximab) — send one tube (EDTA) of blood @RT PNH — send one tube (EDTA) of blood @RT + transfusion history
MINIMAL RESIDUAL DISEASE (MRD) DET immunophenotyping results. First pull marrow sample	FECTION: Please include any previous flow cytometry s are recommended.
Acute Myeloid Leukemia — send one (Sodium Heparin) bone marrow @RT Acute B-Lymphoblastic Leukemia	Multiple Myeloma/Plasma Cell Neoplasia — send two (~4-6 mL, Sodium Heparin)
— send one (Sodium Heparin) bone marrow @RT	bone marrow @RT