

LM-HEM-FR-017

ACIBADEM LABMED FLOW CYTOMETRY TESTS REQUEST FORM

Patient Name Surname		Barcode	Collection Date
Birth Date			
Gender	<input type="checkbox"/> F <input type="checkbox"/> M	/...../..... :
Telephone No			
Address		Sample Type	
E-mail		<input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Biopsy Material <input type="checkbox"/> Bronchoalveolar Lavage <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> CSF	
Prediagnosis (Clinical information)		Disease Status	
		<input type="checkbox"/> First Diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> Monitoring of Remission <input type="checkbox"/> Monitoring of Therapy	
Leukemia/Lymphoma Panels		Other Panels	
<input type="checkbox"/> Acute Leukemia Panel <input type="checkbox"/> AML Immunophenotyping <input type="checkbox"/> B-ALL Immunophenotyping <input type="checkbox"/> T-ALL Immunophenotyping <input type="checkbox"/> Erythro Leukemia Panel <input type="checkbox"/> Acute Megakaryoblastic Leukemia Panel <input type="checkbox"/> MDS Panel <input type="checkbox"/> Lymphoma Panel <input type="checkbox"/> AML MRD Panel <input type="checkbox"/> B-ALL MRD Panel <input type="checkbox"/> T-ALL MRD Panel <input type="checkbox"/> Multiple Myeloma Panel <input type="checkbox"/> Multiple Myeloma MRD Panel <input type="checkbox"/> Mycosis Fungoides and Sezary Syndrome Panel <input type="checkbox"/> Hairy Cell Leukemia Panel <input type="checkbox"/> Hemaphagocytic Syndrome Panel <input type="checkbox"/> Blastic Plasmositoid Dendritic Cell Leukemia Panel <input type="checkbox"/> Chronic Myelomonocytic Leukemia Panel (CMML)		<input type="checkbox"/> TCR Alpha Beta/Gamma Delta (Whole Blood) <input type="checkbox"/> ZAP-70 Panel <input type="checkbox"/> DNA Ploidy <input type="checkbox"/> Platelet Surface Antigen Panel and Anti Platelet Antibody <input type="checkbox"/> PNH Panel <input type="checkbox"/> Adhesion Molecules <input type="checkbox"/> Neutrophil Function Tests <input type="checkbox"/> HLA B27 Panel <input type="checkbox"/> invitro T-Lymphocyte Activation Test <input type="checkbox"/> Osmotic Fragility Testing (EMA) <input type="checkbox"/> Anti-CD20 Therapy Monitoring <input type="checkbox"/> Bronchoalveolar Lavage Panel	
Lymphocyte Subgroups Panels and NK Panel		Stem Cell Panels	
<input type="checkbox"/> CD4/CD8 Ratio <input type="checkbox"/> Lymphocyte Subgroups (PANEL-I) (T,B,NK, CD4/8) <input type="checkbox"/> Th1/Th2 Ratio <input type="checkbox"/> NK Panel		<input type="checkbox"/> CD34 Stem Cell Count	
Immune Deficiency Panel			
<input type="checkbox"/> Primary Immunodeficiency Panel			
Physician Name Surname		Additional Notes	
Telephone No			
Signature			
Samples sent for flow cytometry should be at least 5 ml and in the tubes with EDTA (purple cap). Body fluid samples should be transferred in at least 6 ml tubes with EDTA. All samples should be transported to the laboratory at 18-24°C and under appropriate conditions. Bronchoalveolar lavage samples should be transported to the laboratory at +4°C. Please call to determine the closest sample delivery point to you.			
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