



Icahn
School of
Medicine at
Mount
Sinai

FLOW CYTOMETRY LEUKEMIA-LYMPHOMA REQUEST FORM

MSHS Flow Cytometry Laboratory | 1425 Madison Avenue | Icahn Building Room 856
NYC, NY, 10029 | Contact: 212-241-2042 | Fax: 212-659-8186

Contact Information (Referring Physician or Pathologist)

Name:

Telephone:

Patient Information

Name:

MRN:

DOB:

SPECIMEN INFORMATION

Date of Collection: _____ Time of Collection: _____

Required by NYSDOH

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Peripheral Blood: Green (Sodium Heparin) (48hr stability) Lavender or Pink (K₂EDTA) (24hr stability) Yellow (ACD) (48hr stability)

Bone Marrow: Green (Sodium Heparin) (48hr stability) Lavender or Pink (K₂EDTA) (24hr stability) Yellow (ACD) (48hr stability)

Tissue (fresh tissue suspended in tissue culture media e.g., RPMI 1640)

Others _____

PATIENT CLINICAL HISTORY/DIAGNOSIS

FLOW CYTOMETRY PANELS REQUESTED

Acute Leukemia (For: ALL, AML, CML, MDS, MPB, etc.)

Lymphoma (For: Mature B cell neoplasms, Mature T- and/or NK- cell neoplasms, etc.)

Myeloma

Others (NK, T-cell subsets, CD38, CD56, CD57, LGL)

Comments: _____
