

FLOW CYTOMETRY

The Moncton Hospital

Patient's Name :				
Medicare Number:			Unique:	
Birth Date:	Day	Month	Year	
<input type="checkbox"/> Inpatient		<input type="checkbox"/> Outpatient		Room/Clinic:
Physician:			Hospital:	
Date of Collection:	Day	Month	Year	Time of Collection:
Diagnosis/Clinical Information:				

PERIPHERAL BLOOD

- Leukemia/ Lymphoma Profile (FPBLLP) PNH
- Immunocompetence Profile (FICP) TBNK
- Specify Anti-retroviral drugs: _____
- Immunodeficiency Panel (FPBLLP)

BODY FLUIDS

- Bronchial Lavage (FBAL) Peritoneal Fluid (FBFLLP)
- CSF (FCSFLLP) Pleural Fluid (FBFLLP)
- Other : _____

TISSUE (Deliver immediately to Histology)

- Lymph Node (Site): _____
- Other (Specify) : _____

Please call 860-2163 for any inquiries.

Specimens must arrive Monday – Thursday.

A CBC must accompany all peripheral bloods and bone marrows.

**** Please provide a diagnosis and any relevant clinical information**