

SJH CENTRE for LABORATORY MEDICINE & MOLECULAR PATHOLOGY			
Edition No.:	5	Haematology Form	Doc No: Haem-Form-0095
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Clinical Cytometry Laboratory Request Form

Centre for Laboratory Medicine & Molecular Pathology, St. James's Hospital, Dublin 8
Tel: 01-416 2048, Email: clinicalcytometry@stjames.ie

ALL SECTIONS OF THIS FORM <u>MUST</u> BE COMPLETED			SJH LAB USE ONLY
PATIENT IDENTIFICATION (Addressograph label may be used)			Affix Lab No. here:
Hospital No.:	External Hospital:		Sample Type:
Surname:	Ward:		Tests required:
First name:	Patient Address:		
Date of Birth:			
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		CSF: ?RBC stained Yes <input type="checkbox"/> No <input type="checkbox"/>

CLINICIAN DETAILS	
Consultant (full name):	Sample taker (Signature):
Requesting Clinician's Contact Phone No. (Mandatory):	

DIAGNOSIS/CLINICAL DETAILS/TREATMENTS:		
Presentation <input type="checkbox"/>	Relapse <input type="checkbox"/>	Post treatment assessment <input type="checkbox"/>

DIAGNOSTIC IMMUNOPHENOTYPE

SAMPLE DETAILS		
Date sample taken:	Time Sample taken:	External Lab No.:
Provide FBC report <u>AND</u> a blood film/bone marrow aspirate slide with each request.		
<u>Sample type:</u> Peripheral blood <input type="checkbox"/> Bone marrow <input type="checkbox"/> CSF <input type="checkbox"/> (2mLs of CSF in Transfix) FNA <input type="checkbox"/> Pleural fluid <input type="checkbox"/> Body fluid (other) Please specify:		

INVESTIGATIONS REQUIRED		
CHRONIC	MRD ANALYSIS ¹	RED BLOOD CELLS ²
Lymphoproliferative Screen <input type="checkbox"/>	CLLMRD <input type="checkbox"/>	PNH: <input type="checkbox"/>
Plasma Cell Panel <input type="checkbox"/>	Mantle cell MRD <input type="checkbox"/>	(Performed within 48 hours of collection)
		Membrane Screen (EMA): <input type="checkbox"/>
		(Performed within 24 hours of collection)
ACUTE	CSF ANALYSIS	PLATELETS ³
Not currently available	AML <input type="checkbox"/> B-ALL <input type="checkbox"/> T-ALL <input type="checkbox"/>	Platelet Flow cytometry <input type="checkbox"/>
	Suspected Lymphoma <input type="checkbox"/>	(Performed within 8 hours of collection)

- 1. A 9mL EDTA sample (or equivalent) is required for CLL MRD and Mantle Cell MRD analysis.
- 2. For RBC flow cytometry (PNH and EMA), please send samples Monday to Thursday only.
- 3. Platelet flow cytometry must be booked in advance with the flow cytometry laboratory.