UPMC Presbyterian
Hematopathology Testing Service
Bone Marrow/Blood/Body Fluid Specimens

DELIVER TO: Clinical Flow Cytometry Lab
3477 Euler Way
Pittsburgh, PA 15213
Tel: (412) 864-6173 Fax: (412) 864-6102

Call to notify lab prior to sending specimens.

Space for optional addressograph

PATIENT INFORMATION– Complete all fields. Attach patient insurance/demographic information. PLEASE PRINT.

Last Name	First Name	M.I.	Medical Records Number

☐ Outpatient ☐ Inpatient – Room # _____	Birth Date	Sex	Diagnosis	ICD 9 Code

REPORTING INFORMATION – Complete all fields.

Requesting Physician Name	Phone (Including Area code)	Fax (Including Area Code)
Institution name	Phone (Including Area code)	Fax (Including Area Code)
Copy to: Physician name	Phone (Including Area code)	Fax (Including Area Code)

Name of person filling out form: **Phone #:**

CLINICAL HISTORY/PERTINENT PHYSICAL FINDINGS (use back of requisition as needed):

Chemotherapy: Last Date: ☐ Yes ☐ No Growth Factor: Name of GF: Last given: ☐ Yes ☐ No	Other Medications:	Previous Radiation Therapy: ☐ Yes ☐ No Date:

TYPE OF SPECIMEN ☐ Peripheral Blood* ☐ Fluid (specify site and type of specimen): _____

☐ Right Iliac Crest Bone Marrow* ☐ Left Iliac Crest Bone Marrow*

***Please send a copy of the most recent CBC & differential and a peripheral smear.**

TIME & DATE SPECIMEN OBTAINED: **COLLECTION TECH:**

BONE MARROW TESTING REQUEST

☐ Bone Marrow Smears for Interpretation ☐ Bone Marrow Particle Prep for Interpretation (yellow top/ACD tube)

☐ Bone Marrow Biopsy for Interpretation ☐ Iron Stain ☐ Other _____

☐ **DIAGNOSTIC EVALUATION OF PERIPHERAL BLOOD**

FLOW CYTOMETRY TESTING REQUEST

☐ Evaluation with major concern for: ☐ Blasts ☐ Lymphoid Cells ☐ Other _____

☐ T-Lymphocyte Subset Evaluation (CD3, CD4, CD8, CD19, CD16&56 and CD4:CD8 ratio) ☐ Evaluation of CD4+ cells only

☐ Evaluation for PNH ☐ Sezary Cell Evaluation

☐ **MOLECULAR ONCOLOGY TESTING (DNA/RNA storage)** **(For specific test-MUST complete Molecular Oncology Test requisition)**

☐ **CYTOGENETIC ANALYSIS (Classical)** **or** **(FISH - MUST complete Pittsburgh Cytogenetic Laboratory requisition)**