NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

Ship to: Department of Pathology and Laboratory
Medicine Central Processing and Accessioning
Room C1955
700 Children's Drive,
Columbus, OH 43205
P: (800) 934-6575 F: (877) 722-5478

Please email tracking information to flowcytometrycorelab@nationwidechildrens.org

HEMATOLOGY FLOW CYTOMETRY TESTING

PATIENT INFORMATION

Legal Last Name:
First Name: MI:
MRN/ Patient ID:
DOB:
Sex: [ ] Male [ ] Female
ICD-10 Code:_____
Clinical History:_____
Diagnosis: _____ ☐ Known ☐ Suspected
Time Point: ☐ New Diagnosis ☐ Post-Treatment _____
Immunotherapy: Anti-CD20 ☐ CAR-T/CD19 ☐ Anti-CD38 ☐ Anti-CD30 ☐ Anti-CD22 ☐ Other_____

SPECIMEN INFORMATION

Collection Date: **Time:** [ ] **AM** [ ] **PM**
Collected By (full name):

[ ] Bone Marrow Aspirate (2-5 mL)
[ ] Peripheral Blood (2 -5 mL)
[ ] Lymph Node (site): _____
[ ] Body Fluid(source):_____
[ ] Other:_____

1. Bone marrow aspirate and peripheral blood - submit in sodium heparin (preferred) or EDTA tube
2. Submit tissue in medium such as RPMI1640 medium
3. Sample should be shipped at 2 – 8° C if possible

☐ PARENT/ GUARDIAN / BILLING INFORMATION

Guardian Legal Last Name:
Guardian First Name: MI:
Patient Relationship:
Guardian Contact Phone #: ( )
Subscriber Legal Last Name:
Subscriber First Name and MI:
Subscriber DOB: Sex: [ ] Male [ ] Female
Subscriber Social Security #:
Subscriber Phone #: ( )
Subscriber Address (if different from patient):

Insurance Co. Name:
Policy #: Group #:
Insurance Address:
Secondary Insurance Co. Name:

☐ INSTITUTION BILLING INFORMATION

Contact Name:
Phone: ( ) Fax: ( )
Instituion/Hospital/Laboratory Name:
Address:

City: State: Zip code:

Hematology Flow Cytometry Tests

B-ALL Minimum Residual Disease (COG verified)

[ ] DAY 8 peripheral blood
[ ] DAY 29 bone marrow
[ ] Baseline phenotype for future MRD (at diagnosis)

- MRD testing is not available for patients who have received CAR-T/anti-CD19 Therapy
- MRD testing is not available for T-ALL

[ ] Leukemia/Lymphoma Immunophenotyping

Pathology will determine panel selection based on clinical history

Special Instructions:_____

[ ] CD34 Stem Cell Enumeration (EDTA peripheral blood only)

[ ] DNA Ploidy Analysis (Neuroblastoma and B-ALL leukemia only)

[ ] Platelet Markers (IP)

[ ] Leukocyte Adhesion Panel (LADP)

[ ] Eosin-5-maleimide (EMA) Binding Assay (BAND 3)

REQUESTING PHYSICIAN INFORMATION - Please Print

Physician Name: Signature **(required):**
Address: City: State: Zip:
Email: Fax: ( ) Phone: ( )