

Garcia Laboratories

FLOW CYTOMETRY TEST REQUEST & WORKSHEET

734-214-0300 OR 800-876-6522

Patient demographics:

Patient name: _____

Patient MRN: _____

Gender: _____ Date of Birth: _____

Place Soft Label here

Referring Institution and provider information:

Institution name: Garcia Labs Client site name: _____

Ordering Provider/ Pathologist Name: _____

Ordering Provider/ Pathologist Phone: _____

Patient Diagnosis or Clinical information:

Sample details:

Sample type: Whole Blood

Testing requested:

Flow Cytometry Phenotyping for Peripheral Blood

- FLOWS- Assesses B-cell & T-cell clonality, screens for CD34 blasts and CD38 plasma cells

CD Markers included:

CD3, CD4, CD5, CD8, CD10, CD19, CD20, CD34, CD38, CD45, CD57, CD200, Kappa, Lambda, TRBC1, TRBC2, TCR gamma/delta

Testing included: Analysis of B-cells and T-cells with the above markers, and additional markers as necessary based on findings during interpretation at Warde Medical Lab.