



ALBERTA PRECISION LABORATORIES

Leaders in Laboratory Medicine

FLOW CYTOMETRY REQUISITION

Flow Cytometry - Foothills Medical Centre
1403-29th Street N.W. Calgary, Alberta T2N 2T9
Tel: 403-944-4765 Fax: 403-270-4135
APLFlowCytometry@albertaprecisionlabs.ca

Scanning Label or Accession # (*lab only*)

Patient	PHN		Date of Birth (<i>dd-Mon-yyyy</i>)			
	Expiry:					
	Legal Last Name		Legal First Name		Middle Name	
	Alternate Identifier		Preferred Name		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	Phone
Address		City/Town		Prov	Postal Code	
Provider (s)	Authorizing Provider Name (<i>last, first, middle</i>)			Copy to Name (<i>last, first, middle</i>)		Copy to Name (<i>last, first, middle</i>)
	Address		Phone		Address	Address
	CC Provider ID	CC Submitter ID	Legacy ID	Phone		Phone
	Clinic Name			Clinic Name		Clinic Name
Collection	Date (<i>dd-Mon-yyyy</i>)		Time (<i>24 hr</i>)		Location	Collector ID

HEMATOPATHOLOGY <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Follow-up	
CLINICAL/LABORATORY FINDINGS	
<input type="checkbox"/> Lymphocytosis >3.0x10 ⁹ /L	<input type="checkbox"/> Immature Myeloid Cells
<input type="checkbox"/> Monocytosis >1.0x10 ⁹ /L	<input type="checkbox"/> Neutropenia <2.0x10 ⁹ /L,>1 month
<input type="checkbox"/> Blasts present	<input type="checkbox"/> Thrombocytopenia <100x10 ⁹ /L
<input type="checkbox"/> Monoclonal Peak/Plasma Cell	<input type="checkbox"/> Abnormal Morphology (PBS)
PERIPHERAL BLOOD SAMPLES	
<input type="checkbox"/> HEMFLOW (Includes .LEUK/LOMA PB flow panel, CBC, and PBS FLOW)	
<input type="checkbox"/> .LEUK/LOMA PB (Pathologist referrals)	
NON- PERIPHERAL BLOOD SAMPLES	
<input type="checkbox"/> LEUK LOMA	<input type="checkbox"/> Bone Marrow <input type="checkbox"/> BAL <input type="checkbox"/> CSF mL: _____ <input type="checkbox"/> Tissue Site: _____ <input type="checkbox"/> Fluid Site: _____ <input type="checkbox"/> Other: _____
CELL SORTING AND CHIMERISM INVESTIGATION	
Donor, Pre-transplant Peripheral Blood - not sorted	<input type="checkbox"/> DNAD PB
Recipient, Pre-transplant Peripheral Blood - not sorted	<input type="checkbox"/> DNAR PB
Recipient, Post-transplant Blood - routine monitoring	<input type="checkbox"/> DNAR PB
Recipient, Post-transplant Bone Marrow -suspect relapse	<input type="checkbox"/> DNAR BM
Post-transplant: _____ months post-transplant Cell subsets sorted are based on phenotype of disease: Specify diagnosis: _____ <input type="checkbox"/> Myeloid <input type="checkbox"/> T Cells <input type="checkbox"/> B Cells <input type="checkbox"/> NK Cells	
MISCELLANEOUS	
B27 <input type="checkbox"/>	HLA-B27
PLDY <input type="checkbox"/>	DNA Ploidy (Non-Blood or Paraffin Block)
PLDY PB <input type="checkbox"/>	DNA Ploidy (Peripheral Blood)
PNH <input type="checkbox"/>	Paroxysmal Nocturnal Hemoglobinuria Panel
ERYTHROCYTES	
HS <input type="checkbox"/>	Hereditary Spherocytosis
FMH PB <input type="checkbox"/>	Fetomaternal Hemorrhage (Peripheral Blood)
FMH IUT <input type="checkbox"/>	Fetomaternal Hemorrhage (Intrauterine Transfusion)
PLATELETS	
PLAG <input type="checkbox"/>	Platelet Surface Markers
POOL <input type="checkbox"/>	Platelet Storage Pool Deficiency (Monday - Thursday only)
PRET <input type="checkbox"/>	Platelet Reticulocytes

IMMUNE MONITORING	
CD4	<input type="checkbox"/> CD4 Count (CD3, CD4, CD8)
RITUXIM	<input type="checkbox"/> CD19 Quantitation
IMMUNODEFICIENCY INVESTIGATION	
ALPS	<input type="checkbox"/> Autoimmune Lymphoproliferative Syndrome Panel
BSUBSETS	<input type="checkbox"/> B Cell Subsets Panel
BTK	<input type="checkbox"/> Bruton Tyrosine Kinase Protein Expression
CD57	<input type="checkbox"/> CD57 Positive NK Cells
CD107A	<input type="checkbox"/> NK Cell Degranulation
CD127/CD132	<input type="checkbox"/> X-linked SCID Screen
DOCK8	<input type="checkbox"/> DOCK8 Protein Expression
HLH	<input type="checkbox"/> Perforin/Granzyme B
ICOS	<input type="checkbox"/> Inducible Costimulatory Molecule (CD278)
IL12PATHWAY	<input type="checkbox"/> IL-12Rβ1 (CD212) and pSTAT4*
INFGPATHWAY	<input type="checkbox"/> INF-γRα (CD119) and pSTAT1*
IDEF	<input type="checkbox"/> Immunodeficiency Screening Panel
INKT	<input type="checkbox"/> Invariant NK Cells
LAD	<input type="checkbox"/> Leukocyte Adhesion Deficiency
LAM	<input type="checkbox"/> Lymphocyte Activation Markers
LINK	<input type="checkbox"/> Hyper IgM Syndrome Screen
LRBA	<input type="checkbox"/> LRBA Protein Expression
MSA	<input type="checkbox"/> Mitogen Stimulation Assay
NFUN	<input type="checkbox"/> Neutrophil Function – Oxidative Burst
PSTAT3	<input type="checkbox"/> Phosphorylated STAT3
PSTAT5	<input type="checkbox"/> Phosphorylated STAT5*
RTE	<input type="checkbox"/> Recent Thymic Emigrants
SORT SCID	<input type="checkbox"/> T Cell Sort for Maternal Engraftment (SCID investigation)
TCR FLOW	<input type="checkbox"/> TCR vβ Repertoire
TCRABGD	<input type="checkbox"/> TCRαβ and TCRγδ Subsets
TH17	<input type="checkbox"/> Th17 Enumeration
TREG	<input type="checkbox"/> Regulatory T Cells (FoxP3)
TSUBSETS	<input type="checkbox"/> T Cell Subsets Panel
WASP	<input type="checkbox"/> Wiskott Aldrich Syndrome Panel
XLP1	<input type="checkbox"/> SAP Protein Expression
XLP2	<input type="checkbox"/> XIAP Protein Expression
ZAP70 SCID	<input type="checkbox"/> ZAP-70 (SCID Investigation)
*Tests Temporarily Unavailable	
STEM CELL AND T CELL HARVESTING	
CD34 PB	<input type="checkbox"/> CD34 Count – Peripheral Blood
OTHER	

COLLECTION REQUIREMENTS FOR APL FLOW CYTOMETRY TESTING

See APL website at www.albertaprecisionlabs.ca for more detailed information.

TEST ABBREVIATION	COLLECTION REQUIREMENTS
ALPS	1 x 4 mL dark green top sodium heparin. See #2 below.
B27	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
BSUBSETS	1 x 4 mL dark green top sodium heparin. See #2 below.
BTK	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
CD34	1 x 4 mL lavender top EDTA
CD57	1 x 4 mL dark green top sodium heparin.
CD107a	1-2 x 4 mL dark green top sodium heparin only. See #4 below.
CD127/CD132	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
CD4	Pediatric: 1 x 0.5mL lavender top ETDA tube. Adult: 1 x 4 mL lavender top EDTA
DOCK8	1 x 4 mL dark green top sodium heparin
FMH	1 x 4 mL lavender top EDTA
HLH	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
HS	Pediatric: 1 x 1.8 mL blue top sodium citrate and 1 x 4mL lavender EDTA. Adult: 1 x 8.5 mL yellow top ACD-A and 1 x 4mL lavender EDTA
ICOS	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
IL12PATHWAY	2 x 4 mL dark green top sodium heparin. See #5 below.
INFGPATHWAY	2 x 4 mL dark green top sodium heparin. See #5 below.
IDEF	Pediatric: 1 x 1.8 mL blue top sodium citrate. See #2 below. Adult: 1 x 8.5 mL yellow top ACD-A.
iNKT	1 x 4 mL dark green top sodium heparin.
LAD	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
LAM	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
LEUK LOMA	Blood: Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A. All other specimen types: refer to APL Guide to Lab Services for Leukemia/Lymphoma Panels collection guidelines
LINK	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
LRBA	1 x 4 mL dark green top sodium heparin.
MSA	2 x 4 mL dark green top sodium heparin. See #5 below. Collect Wednesday only.
NFUN	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
PLAG	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
PLDY	Paraffin embedded tissue: 3x50um sections. Blood: Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
POOL	1 x 8.5 mL yellow top ACD-A or 1 4.5 mL blue top sodium citrate. Testing must be performed within 8 hours of collection
PRET	Pediatric: 1 x 1.8 mL blue top sodium citrate. See #2 below. Adult: 1 x 8.5 mL yellow top ACD-A.
pSTAT3	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
pSTAT5	Pediatric: 1 x 4 mL dark green top sodium heparin. Adult: 2 x 4 mL dark green top sodium heparin.
RITUXIM	1 x 4 mL lavender top EDTA. See #2 below.
RTE	1 x 4 mL dark green top sodium heparin.
SORT SCID	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A. Parent's samples should accompany the patient sample
TCRABGD	1 x 4 mL dark green top sodium heparin
TCR vbeta	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
Th17	1 x 4 mL dark green top sodium heparin.
TREG	Pediatric: 1 x 0.5mL EDTA microcollection container Adult: 1 x 4 mL lavender top EDTA. See #2 below.
TSUBSETS	1 x 4 mL dark green top sodium heparin. See #2 below.
WASP	1 x 4 mL dark green top sodium heparin.
XLP1	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
XLP2	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.
ZAP70 SCID	Pediatric: 1 x 1.8 mL blue top sodium citrate. Adult: 1 x 8.5 mL yellow top ACD-A.

SPECIMEN HANDLING NOTES

1. A partial draw in an ACD-A tube is not recommended.
2. A CBC/DIFF must also be collected and results faxed to 403-270-4135.
3. **Out of Province:** ship at room temperature by overnight courier. Fax waybill to 403-270-4135. Do not collect/ship on Fridays or the day prior to a STAT holiday.
4. Must be received for testing within 24h of collection. Ship a normal sample with the patient sample as a control.
5. Do not refrigerate.