



Form with multiple sections: Patient Legal Name, Social Security, Address, Insurance Information, ICD Diagnosis Codes, etc.

**Please attach patient's most recent clinical history.

FLOW CYTOMETRY

Please check one: Inpatient, Outpatient, Ambulatory Surg Center
SPECIMEN TYPE:
BONE MARROW, PERIPHERAL BLOOD, LYMPH NODE, FINE NEEDLE ASPIRATE, OTHER TISSUE SPECIFY

- Test
294 CD4 T CELL FOLLOW UP PANEL
293 CD4 T CELL INITIAL
245 LYMPHOMA PANEL
245 LEUKEMIA PROFILE
PNH
223 T CELL SUBSETS
T CELL SUBSETS/ B C ELL SUBSETS
REGULATORY T-CELLS

FOR OPTIMAL TURN AROUND TIME, PLEASE CALL FLOW CYTOMETRY

PRIOR TO SENDING SPECIMEN 317-491-6550