



THE HOSPITAL FOR SICK CHILDREN

Paediatric Laboratory Medicine

DIVISION OF HAEMATOPATHOLOGY

170 Elizabeth Street
Room 3642, Atrium
Toronto, ON, M5G 1E8, Canada

Tel: 416-813-7200 Fax: 416-813-5431

Last Name:
First Name:
Date of Birth (DD/MM/YYYY):
Legal Sex: Male Female Non-binary/U/X
Sex Assigned at Birth (if different): Male Female Unassigned
Gender Identity (if different): Male Female Non-binary/U/X
Address:

For Canada Only
Provincial Health Card #:
Issuing Province

Version:

Flow Cytometry

Referred-in Requisition

Testing is provided for medical purposes only and results are not intended for forensic use. The laboratory is not a forensically accredited laboratory.

Specimen Type and Collection Requirements
Bone Marrow (BM)
Peripheral Blood (PB) - 2mL EDTA
Body Fluid - Sterile Container (please specify):
Tissue - RPMI (please specify):
Collection Date (YYYY-MM-DD)
Collection Time (HH:MM)

Ordering Physician (please print):
Institution Name:
Contact Phone:
Contact Fax:

Clinical Information/Diagnosis

Test Requested (Please check one)
Flow Cytometry Consultation Immunophenotyping (Leukemia/Lymphoma)
Diagnostic MRD (B ALL only)
Day 8 MRD (B ALL only)
Day 29 MRD (Follow-up or End of Consolidation) (B ALL only)
Lymphocyte Subsets Enumeration (TBNK)
T Cell Subsets, CD3/CD4/CD8
Regulatory T cells
Platelet- Membrane Glycoprotein Expression
B cell Subsets
Lymphocyte Proliferation, PHA1 (PB in 4.0mL heparin tube)
Perforin Protein Expression
Neutrophil Oxidative Burst Index 2
CD45RA/RO
Autoimmune Lymphoproliferative Syndrome (ALPS)
CD34 Enumeration
NK Degranulation Assay (4mL peripheral blood needed)
Recent Thymic Emigrants
TCRV Beta
Hereditary Spherocytosis Screening

NOTE
1. Flow Cytometry Laboratory only accepts samples on Mondays and Fridays from 8 am to 2 pm, Thursdays from 8 am to 6 pm excluding Holidays and Weekends.
2. Flow Cytometry Laboratory only accepts samples Monday to Thursday from 8 am to 4 pm, excluding Holidays and Weekends.

- Without specification:
Samples will only be accepted Monday to Thursday 8:00 am to 5:00 pm.
Please send CBC results and one unstained blood or bone marrow slide for each patient.
Specimen stability in Flow testing is only acceptable within 24 hours of collection.

LABORATORY USE
Date/time received (yyyy-mm-dd) / hh:mm Proceed with test Y N
Lab director



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BILLING FORM

How to complete the Billing Form: (Completion of Billing Form NOT required for patients with an Ontario Health Card Number.)

- Referring Physician completes the appropriate section below to specify billing method.
- Send requisition and completed "Billing Form" with specimen.

Option 1: Complete to have the Healthcare Provider billed:

Your Referring Laboratory's Reference #: _____
Billing address of hospital, referring laboratory:
Name: _____ Address: _____

City: _____ Prov/State: _____
Postal/Zip Code: _____ Country: _____
Contact Name: _____
Contact Telephone #: _____

Option 2: Interim Federal Health Program (IFHP)

Submit a copy of the Interim Federal Health Certificate (Refugee Protection Claimant Document) with the photo and UCI# visible for coverage to be confirmed.
UCI# _____
ICD code (lab use only): _____

Option 3: Complete to have Patient/Guardian billed directly:

If you elect to have patient/guardian billed:

- Patient/Guardian billing information below must be complete; otherwise, the healthcare provider will be billed.
- Please advise the patient/guardian to expect a bill from our laboratory.
- **In this case, the patient/guardian is solely responsible for the charges.**

Relation to patient (check one): Patient Guardian/Parent

Method of Payment (check one): American Express MasterCard Visa

Name as it appears on credit card: _____
Credit card #: _____
Expiry date on credit card: _____
CVC#- found on back of card (Required): _____

Mailing Address of Patient/Guardian (if different from requisition):

Name: _____
Address: _____

Apt. #: _____
City: _____ Prov/State: _____
Postal/Zip Code: _____ Country: _____

Additional Contact Information

Patient's phone # with area code: _____

- or -
Guardian's phone # with area code: _____