Dahl-Chase Flow Cytometry Requisition Form

DAHL-CHASE DIAGNOSTIC SERVICES
417 State Street, Suite 540, Bangor, Maine 04401
Tel: 1-877-PNH-FLOW (1-877-764-3569) or 207-941-8282
Fax: 207-941-8287 • **www.dahlchase.com**

PATIENT AND BILLING INFORMATION (OR COPY OF INSURANCE INFORMATION)

Patient Name: (Last, First)			**Medicare #**
Date of Birth _____/_____/_____	**Sex** ☐M ☐F	**Telephone**	**Medicaid #**
Social Security	**MR #**		**Commercial Ins. Name**
Address: (Street)			**Commercial Ins. Policy** / **Group #**
(City, State, Zip)			**Commercial Ins. Address (Street)**
Requesting Clinician Name (Last, First)			**(City, State, Zip)**
Physician Office/Clinic Name			**Copy to Clinician Name (Last, First, and office location)**
Collection Date & Time _____/_____/_____ _____:_____			**Requisition completed by**
☐Routine ☐Rapid			**Contact Phone Number** **Fax**

IMPORTANT! Please provide clinical information (check boxes below) and a copy of the CBC results

- ☐ **Aplastic Anemia (AA)**
- ☐ **Myelodysplastic Sydrome (MDS)**
- ☐ **Known PNH**
- ☐ **Unexplained Cytopenia**
- ☐ **Unexplained Thrombosis**
- ☐ **Hemolysis**
- ☐ **Hemoglobinuria**
- ☐ **Increased LDH**
- ☐ **Impaired Renal Function**
- ☐ **Other** _____

TEST REQUESTED *Indicates initial antibody panel. Other markers may be performed if necessary for complete diagnosis

* ☐**PNH Panel** (High - Sensitivity Utilizing FLAER) ☐**Add Percent Blasts** ☐**Add Serum LDH** (include aliquot of serum sample)	☐ Blood in EDTA or Heparin ☐ Aliquot of Serum Sample if LDH is requested
☐ **Leukemia/Lymphoma - Evaluation** (Choice of antibodies dependant on suspected diagnosis)	☐ Bone Marrow in Heparin ☐ Blood in EDTA or Heparin ☐ Body Fluid _____ ☐ Tissue _____
☐ **CD57/CD3 Testing** (Chronic Lyme Disease)	☐ Blood in EDTA or Heparin
☐ **Acquired Immunodeficiency** (CD4, CD8, CD3)	☐ Blood in EDTA or Heparin
☐ **Congenital Immunodeficiency** (T, B and NK Subsets)	☐ Blood in EDTA or Heparin
☐ **Fetal Hemoglobin** (HgbF antibody)	☐ Blood in EDTA or Heparin

SHIPPING INSTRUCTIONS

1. Label specimen tube with 2 unique identifiers (last name, first name, date of birth)
2. Pack specimen(s) based on IATA Regulations in appropriate shipping container (provided)
3. Ensure that patient Demographics and Billing information is complete
4. Include Requisition form, Billing Information and CBC Results
5. Call FedEx and include tracking# on DCDS shipment alert form
6. Fax DCDS shipment alert form to 207-941-8287

QUESTIONS? PLEASE CALL 1-877-PNH-FLOW (1-877-764-3569) or visit us at www.dahlchase.com

*New York clients can only order this test from our testing menu.

(12/3/10)