

Gray fields indicate required information to prevent delay or rejection of sample.

Authorized requestor's information:

Ordering clinician/practitioner _____
 PRN (Physician registration #) _____
 Address _____
 Telephone (for critical results) (_____) - _____

Copy to clinician/practitioner name _____
 PRN _____ Location _____

Priority: Routine Urgent

Authorized requestor's signature _____
 Date signed _____ (YYYY / MM / DD) (requisition expires one year from this date)

Instructions to patients and clinicians

Leukemia and Lymphoma Screening / Phenotyping

Leukemia / Lymphoma

New Diagnosis Follow Up

Sample Type:

- Peripheral Blood (Li Heparin)
- Bone Marrow
- Fluid
- CSF (RPMI or no additive)
- Needle Core Biopsy *
- Lymph node Excisional Biopsy *
- Other Extranodal Biopsy *: _____

Site: _____ (Li Heparin)
 Specify: _____ (RPMI or no additive)
 Site: _____ (RPMI)
 Site: _____ (RPMI)
 Site: _____ (RPMI)

***NOTE:** Needle core and small biopsy specimens submitted for lymphoma protocol are prioritized as follows; 1st tissue core in formalin (send to Anatomical Pathology), 2nd tissue core in RPMI (send to the Flow cytometry Lab). For larger specimens including lymph nodes that are not divided at the collection site submit a fresh specimen STAT to Anatomical Pathology.

Immunodeficiency Testing

Immunodeficiency Testing (Li Heparin)

Additional Testing:

- Autoimmune Lymphoproliferative Syndrome (ALPS) plus Treg T-cells (CD25, HLA-DR)
- Granulocyte Testing (CD18, CD62)

Stem Cell Enumeration

- CD34 Peripheral Blood (Pre)** (EDTA)
- CD34 Apheresis Product (Post)** Volume: _____ ml (EDTA)
- CD34 BM Harvest** Volume: _____ ml (EDTA)

Other

- T Cell Subsets (CD4, CD8 and CD4/CD8 ratio)** (EDTA)
- DLI- Donor Lymphocyte Infusion** Volume: _____ ml (EDTA)
- PNH- Paroxysmal Nocturnal Hemoglobinuria** (EDTA)
- CD19 B Cell Counts** (Li Heparin)
- Other:** _____

Time stamp (for lab use only):

Patient's information:

Name _____ Last _____ First _____ Middle _____
 Full address _____ Street _____
 _____ City/Town _____ Province _____ Postal code _____
 HCN (Health card #) _____
 Health card province _____ Expiry date _____ YYYY / MM / DD
 Unique identifier # _____ (if HCN is not available) Type _____ (see reverse)
 Date of birth _____ YYYY / MM / DD Male Female
 Telephone (_____) - _____

Third party billing: Workers' Compensation Board (WCB)
 Research account SAP # _____
 Self pay _____
 Other _____

Clinical information _____

Relevant medications _____

Collected by signature _____ ID # _____ (from Central Zone)
 Date collected _____ YYYY / MM / DD Time _____ (24-hour clock) hrs

Laboratory Contact Information

QEII Health Sciences Center
 Room 216, 5788 University Ave.
 Halifax, NS B3H 1V8
 Phone: 902-473-5549 Fax: 902-425-4791
 Hours: Mon-Thurs 0800-1700 and Friday 0800-1900
 Please contact the Hematopathologist on call for specimens that may require testing after hours

Patient information

Scent-sensitive:

Central Zone is scent-sensitive. Please do not wear scented products such as perfume, aftershave lotions, hair spray, shampoo, lotions, deodorant, and fabric softener when visiting Central Zone. You may be asked to remove scents or return at another time.

Identification/type:

You will be asked to present your valid health card at each visit. If you do not have a valid health card, a second unique identifier will be required; for example, a passport number. For more information, visit our website: www.cdha.nshealth.ca/pathology-laboratory-medicine-5

Children:

Children must be supervised by a parent/guardian at all times in the blood collection waiting room. See child friendly locations below.

Collection wait times:

Wait times can vary depending on location and patient volumes. Early morning is often the busiest time.

More information:

Please visit our website for more information:
www.cdha.nshealth.ca/pathology-laboratory-medicine

Clinician/practitioner information

Completing requisitions, labeling specimens:

Refer to instructions on our website: www.cdha.nshealth.ca/pathology-laboratory-medicine/laboratory-client-support-center/specimen-collection-requirements

Requisitions:

These will expire one year from the order date.

Other requisitions:

Refer to the Laboratory Test Catalogue on our website:
www.cdha.nshealth.ca/pathology-laboratory-medicine-department-2

More information:

Please visit our website for more information:
www.cdha.nshealth.ca/pathology-laboratory-medicine

Blood collection locations

Hours of operation and locations are subject to change. For current information, please call the collection location you will be using or visit our website:

www.nshealth.ca/blood-collection (* indicates child-friendly collection location).

Bayers Road Blood Collection*	7071 Bayers Road	Halifax	(902) 454-1661
Halifax Infirmary Hospital	4th floor, 1796 Summer Street	Halifax	(902) 473-2452
Dartmouth General Hospital	325 Pleasant Street	Dartmouth	(902) 465-8305
Twin Oaks Memorial Hospital	7704 Highway 7	Musquodoboit Harbour	(902) 889-4115
Eastern Shore Memorial Hospital	22637 Highway 7	Sheet Harbour	(902) 885-3607
Musquodoboit Valley Memorial Hospital	492 Archibald Brook Road	Middle Musquodoboit	(902) 384-4111
Cobequid Community Health Centre*	40 Freer Lane	Lower Sackville	(902) 869-7120
Hants Community Hospital	89 Payzant Drive	Windsor	(902) 792-2038
St. Margaret's Bay Blood Collection*	Suite 204, 5110 St. Margaret's Bay Road	St. Margaret's Bay	(902) 826-3377
Woodlawn Medical Clinic <i>This location provides booked appointments. Visit our website for information.</i>	92 Main Street	Dartmouth	(902) 460-6770
Spryfield Community Wellness Centre	16 Dentith Road	Halifax	(902) 477-3763