

Newcastle Hospitals Flow Cytometry Laboratory

Haematology Request Form

Patient Demographics:		<u>Lab Use ONLY</u>
Affix patient label or complete details below:		
NHS No:		
Hospital No:		
Surname:		
Forename:		
DOB:	Gender: M F	

Referring Hospital Information		
Hospital Name and Address:	Department	Requester Name:
Post Code:	Telephone Number:	Email Address:
Date and Time of Sample:	Referring Hospital Lab Number:	

Clinical Details					
Indication for testing:	Platelet Count:	x10 ⁹ /L	White Cell Count:	x10 ⁹ /L	
Haemoglobin:	g/L	Red Cell Count:	x10 ¹² /L	Neutrophil Count:	x10 ⁹ /L

	Tick if required	Sample Requirements
Eosin-5'-Maleimide (EMA) Assay (Hereditary Spherocytosis) <i>N.B. This assay is not appropriate for coeliac disease testing, contact nuth.autoimmunity@nhs.net if required</i>	<input type="checkbox"/>	Whole blood-EDTA Minimum volume 0.5mL Please send stained blood smear with sample
PNH Assay	<input type="checkbox"/>	Whole blood-EDTA Minimum volume 4ml adult, 0.5mL paediatric Samples should be sent within 24 hours and stored at 4 degrees prior to transport Please provide neutrophil count
Stem Cell Enumeration (CD34)	<input type="checkbox"/>	Whole blood-EDTA Minimum volume 4ml adult, 0.5mL paediatric Please provide white cell count
Platelet Count by Flow Cytometry <i>N.B. This has replaced the CD61 platelet enumeration from May 2021.</i>	<input type="checkbox"/>	Whole blood-EDTA Minimum volume 4ml adult, 0.5mL paediatric Please provide platelet and red cell count. This assay cannot be used for patients with platelet clumps and must be performed within 48 hours of venesection.

Requests for flow cytometry in the context of Haematological Malignancy should be requested via NEHODS: visit https://www.newcastlelaboratories.com/lab_service/nehods/ or contact NEHODS on 0191 2825028 or tnu-tr.nehods@nhs.net

For further test information please visit <https://www.newcastlelaboratories.com/> or contact the flow cytometry laboratory on 0191 282 5078 or nuth.flowcytometrylab@nhs.net

