

DO NOT USE HIGHLIGHTER



Clinical Laboratories
600 Highland Ave., Madison WI 53792-2472
(608) 263-7060

MR#:

Patient name:
(Last, first, MI)

DOB:

Sex:

ALL FIELDS ARE REQUIRED

Order Date _____ Collect Date _____ Collect Time _____

Ordering Location _____ Collector ID _____ Contact # _____

Billing/Authorizing Provider (Attending MD, NP, PA):

Ordering Provider (only if different) _____

Diagnosis or ICD10 code.

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

Testing Priority:

STAT

Routine

Add-on

DIN:

Place DIN Sticker Here

Reportable Comments _____

Client Services: Place a copy of order form and sample in heme bucket.

- Apheresis Product Orders (CD34) [O242097]
Nucleated Cell Count, Cellular Therapy Product
Flow Cytometry, CD34, Cellular Therapy Product
- Flow Cytometry, CD3, Cellular Therapy Product [CTCD3]
- Apheresis Product for CAR-T Therapy [O587020]
Nucleated Cell Count, Cellular Therapy Product
Hematocrit, Cellular Therapy Product
Differential, Cellular Therapy Product
Flow Cytometry, CD3, Cellular Therapy Product
- Apheresis Product for NMDP [O587019]
Nucleated Cell Count, Cellular Therapy Product
Hematocrit, Cellular Therapy Product
Differential, Cellular Therapy Product
Platelet, Cellular Therapy Product
Flow Cytometry, CD34, Cellular Therapy Product
- Bone Marrow Product Orders [O242093]
Nucleated Cell Count, Cellular Therapy Product
Flow Cytometry, CD34, Cellular Therapy Product
- Donor Lymphocyte Product Order [O242096]
Nucleated Cell Count, Cellular Therapy Product
Flow Cytometry, CD3, Cellular Therapy Product
- Cord Blood Product Orders [O242092]
Nucleated Cell Count, Cellular Therapy Product
Flow Cytometry, CD34, Cellular Therapy Product

Additional Testing- Please indicate test and specimen source

- ABO** – ABO/Rh Typing
- CTNCC** – Nucleated Cell Count, Cellular Therapy Product
- CTHCT** - Hematocrit, Cellular Therapy Product
- CTDIFF** – Differential, Cellular Therapy Product
- CTPLT** – Platelet, Cellular Therapy Product
- CTCD3** - Flow Cytometry, CD3, Cellular Therapy
- CTCD34** - Flow Cytometry, CD34, Cellular Therapy
- Other: _____

Indicate Specimen Source

- Apheresis Product
- Bone Marrow
- Donor Lymphocyte
- Mononuclear cells
- Other: _____

- Flow Cytometry, Apheresis TCR and B-Cell Quantitation, Pre-Depletion [O242098]
Nucleated Cell Count, Cellular Therapy Product
Flow Cytometry, Apheresis TCR & B Cell, Pre-Depletion
Flow Cytometry, CD34, Cellular Therapy Product
- Flow Cytometry, Apheresis TCR and B-Cell Quantitation, Midpoint Depletion [O242100]
Nucleated Cell Count, Cellular Therapy Product
Flow Cytometry, Apheresis TCR & B Cell, Midpoint Depletion
- Flow Cytometry, Apheresis TCR and B-Cell Quantitation, Post Depletion [O242099]
Nucleated Cell Count, Cellular Therapy Product
Flow Cytometry, Apheresis TCR & B Cell, Post Depletion
Flow Cytometry, CD34, Cellular Therapy Product