

A nonprofit enterprise of the University of Utah and its Department of Pathology

THIS IS NOT A TEST REQUEST FORM.
Please fill out this form and submit it with the test request form or electronic packing list.

CELL ISOLATION REQUEST FOR CHIMERISM, POST-TRANSPLANT, SORTED CELLS (TEST CODE 2002064)

Patient Name _____ Date of Birth _____ Sex F M
 MRN _____ ARUP Client ID _____ ARUP Client Name _____
 Physician _____ Physician Phone _____
 Practice Specialty _____ Physician Fax _____
 Genetic Counselor _____ Counselor Phone _____

Specimen Source

Peripheral Blood Bone Marrow Collection Date: _____ Time: _____

For blood, provide the most recent WBC count, date, and differential:

WBC: _____ x 10³/μL on (date) _____
 % lymphocytes: _____ % monocytes: _____ % granulocytes: _____

For bone marrow, comment on the specimen cellularity: _____

Cell lineage to isolate for chimerism studies:

Note: ****Each cell sort must have a unique ARUP accession number.****

There is a separate charge for each cell isolation. List the ARUP accession # if the order was submitted across your client interface.

- T cell ARUP accession # _____ (BMT ISOL 2005498)
- B cell ARUP accession # _____ (BMT ISOL 2005498)
- CD33+ ARUP accession # _____ (BMT ISOL 2005498)
- Granulocytes ARUP accession # _____ (BMT ISOL 2005498)
- * Monocytes ARUP accession # _____ (BMT SORT 0030006)
- * CD34+ ARUP accession # _____ (BMT SORT 0030006)
- * Other: _____ ARUP accession # _____ (BMT SORT 0030006)

* Consult with the UUHSC Flow Cytometry Core Laboratory one week prior to patient collection to ensure instrument and reagent availability. Call (801) 581-8641, Monday–Friday, 8 a.m. – 5 p.m. (MST/MDT).

Order Test 2002064 Cell Isolation Request for Chimerism, Post-Transplant, Sorted Cells

BMT SORT (UUHSC Flow Cytometry use)

Tube 1 CD: _____ Number Sorted: _____ Purity: _____
 Tube 2 CD: _____ Number Sorted: _____ Purity: _____
 Tube 3 CD: _____ Number Sorted: _____ Purity: _____
 Tube 4 CD: _____ Number Sorted: _____ Purity: _____

Cells sent to UH Clinical Lab: (date) _____ (time) _____ (initials) _____

Master Label