

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

CELL ISOLATION REQUEST FOR CHIMERISM, POSTTRANSPLANT, SORTED CELLS

Patient Name: _____ Date of Birth: _____ Sex: Female Male
 MRN: _____ ARUP Client ID: _____ ARUP Client Name: _____
 Physician: _____ Physician's Phone: _____
 Practice Specialty: _____ Physician's Fax: _____
 Genetic Counselor: _____ Counselor's Phone: _____

Specimen Source: Collection Date: _____ Time: _____

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

WBC: _____ x 10³/μL on (date) _____

% lymphocytes: _____ % monocytes: _____ % granulocytes: _____

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.

List the ARUP accession number if the order was submitted across your client interface.

- 3005393 Chimerism, Posttransplant, Sorted Cells (T Cells) ARUP accession # _____
- 3005401 Chimerism, Posttransplant, Sorted Cells (B Cells) ARUP accession # _____
- 3005409 Chimerism, Posttransplant, Sorted Cells (CD33+ Cells) ARUP accession # _____
- 3005417 Chimerism, Posttransplant, Sorted Cells (Granulocytes) ARUP accession # _____
- *3005425 Chimerism, Posttransplant, Sorted Cells (Monocytes) ARUP accession # _____
- *3005433 Chimerism, Posttransplant, Sorted Cells (CD34+ Cells) ARUP accession # _____
- *3005441 Chimerism, Posttransplant, Sorted Cells (CD56+ Cells) ARUP accession # _____

*Patient collection should occur Monday-Wednesday to ensure cells can be isolated by UUHSC Flow Cytometry Core Laboratory within sample stability.

Cell 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) _____

For questions, contact an ARUP genetic counselor at 800-242-2787 ext. 2141.