

Send completed requests forms to qc@lifesouth.org prior to sending samples.

Minimum volume for Flow testing is 500 µl. Please contact the lab at (352) 224-1787 with any special requests.

Date: _____ Expected time of arrival: _____

Requesting Facility: _____ Contact Name: _____

Phone Number: _____ Send Results to (Fax or Email): _____

Sample Information

Sample ID	Unit Volume (mL)	Sample Type	Sample Source	Testing Requested
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed*	<input type="checkbox"/> Cord blood <input type="checkbox"/> Whole Blood (pre collection) <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> Other _____
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed*	<input type="checkbox"/> Cord blood <input type="checkbox"/> Whole Blood (pre collection) <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> Other _____
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed*	<input type="checkbox"/> Cord blood <input type="checkbox"/> Whole Blood (pre collection) <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> Other _____
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed*	<input type="checkbox"/> Cord blood <input type="checkbox"/> Whole Blood (pre collection) <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> Other _____
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* Fixed samples cannot be assayed for viability

For LifeSouth Use Only:

Date/Time Received:	Tech Initials:
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