

The sample ID provided below must match the ID on the sample. Pre-collection samples require two patient identifiers. The minimum volume required for Flow testing is 500 µL. Contact the lab at (352) 224-1787 with special requests. Send completed forms to qc@lifesouth.org prior to sending samples.

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 (Patient weight is required for pre-collection samples.)	Testing Requested
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed**	<input type="checkbox"/> Cord Blood <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation <input type="checkbox"/> Whole Blood (pre collection); patient weight (kg):_____	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> STAT*** <input type="checkbox"/> Other:
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed**	<input type="checkbox"/> Cord Blood <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation <input type="checkbox"/> Whole Blood (pre collection); patient weight (kg):_____	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> STAT*** <input type="checkbox"/> Other:
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed**	<input type="checkbox"/> Cord Blood <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation <input type="checkbox"/> Whole Blood (pre collection); patient weight (kg):_____	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> STAT*** <input type="checkbox"/> Other:
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed**	<input type="checkbox"/> Cord Blood <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation <input type="checkbox"/> Whole Blood (pre collection); patient weight (kg):_____	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> STAT*** <input type="checkbox"/> Other:
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed**	<input type="checkbox"/> Cord Blood <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation <input type="checkbox"/> Whole Blood (pre collection); patient weight (kg):_____	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> STAT*** <input type="checkbox"/> Other:
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed**	<input type="checkbox"/> Cord Blood <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation <input type="checkbox"/> Whole Blood (pre collection); patient weight (kg):_____	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> STAT*** <input type="checkbox"/> Other:
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed**	<input type="checkbox"/> Cord Blood <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation <input type="checkbox"/> Whole Blood (pre collection); patient weight (kg):_____	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> STAT*** <input type="checkbox"/> Other:
		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed**	<input type="checkbox"/> Cord Blood <input type="checkbox"/> Leukopak <input type="checkbox"/> Mobilized HPC <input type="checkbox"/> Isolation <input type="checkbox"/> Whole Blood (pre collection); patient weight (kg):_____	<input type="checkbox"/> CD34/45 <input type="checkbox"/> TBNK <input type="checkbox"/> Viability Only <input type="checkbox"/> Cell Count (hematology analyzer) <input type="checkbox"/> STAT*** <input type="checkbox"/> Other:

*Record "N/A" for pre-collection sample.

**Fixed samples cannot be assayed for viability.

***STAT charges may apply.

For LifeSouth Use Only:

Date/Time Received:	Tech Initials:
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