

**PATHOLOGY DIAGNOSTIC CENTER**

บจก. พาโทโลจี ไดแอกโนสติก เซ็นเตอร์

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**REQUEST FOR  
FLOW CYTOMETRIC ANALYSIS**

Record Number

Please complete the form, otherwise the process may delay in some cases.

Name : Lastname : Sex  Male  Female Age Y

Hospital/Clinic HN:

 IPD, AN :  OPD, appointment date : ID Card :

Underlying disease / Previous pathological report : DOB :

Clinical information :

Clinical impression :

Received chemotherapy/steroids/targeted therapy  No  Yes, specify Latest received date :  
Received growth factor  No  Yes, specify Latest received date :CBC : Date ..... Hb.....g/dl, Hct.....%, WBC....., Neu.....%, Lym.....%,  
Mono.....%, Eos.....%, Plt....., Other..... Note : .....Specimen :  Bone marrow  Peripheral blood Additive :  Heparin  EDTA  Other  
 Cerebrospinal fluid  Pleural effusion  Ascites (No additive needed)  
 Fresh tissue from (Please keep in RPMI without formalin)  
 Other (please specify)

Collection date : Time :

Requested panel (s)  
 Acute leukemia panel  B-ALL, MRD panel  Plasma cell panel  
 Non-Hodgkin lymphoma panel  T-ALL, MRD panel  PNH panel  
 Other (please specify) :  AML, MRD panelSpecify an attending pathologist  No  Yes, request for

Attending Clinician : MD license no.: Phone no.

ได้แจ้งส่ง Specimen ภายนี้แก่ Date : Time :

For Pathology Diagnostic Center officer

Registered date : Pathologist : Technician :

Panels : Price code :