

STEM CELL ASSAY REQUISITION

Addressograph:

Stem Cell Assay Laboratory
Terry Fox Laboratory, BC Cancer Agency
675 W. 10th Avenue, Vancouver BC V5Z 1L3
Phone: (604) 675-8000 x 7746
Fax: (604) 675-8146
Hours: Monday - Friday 9am - 5pm (closed Weekends and Statutory Holidays)

Patient Name: _____ Sex: Male Female
Date of Birth (mm/dd/yy): _____ Hospital: _____
PHN: _____ Patient is: Inpatient Outpatient
Diagnosis/Clinical History: _____

**If available please include copies of most recent reports:
CBC, Bone Marrow (Aspirate and Biopsy) and Cytogenetics/DNA Analysis/Jak2**

Requesting Physician: _____ MSP #: _____ Tele #: _____ Fax #: _____
Family Physician: _____ MSP #: _____ Tele #: _____ Fax #: _____
Other Physician: _____ MSP #: _____ Tele #: _____ Fax #: _____

TEST(s) REQUESTED: Please note that the clinical utility of these tests is not yet established and these tests should be considered research.

COLONY FORMING CELL (CFC) ASSAY

- Peripheral Blood - 20 ml blood collected in Sodium Heparin, received within 24 hrs
- Bone Marrow - 2 ml marrow collected in Heparin, received within 24 hrs

CHIMERISM POST TRANSPLANT ASSESSMENT

- Peripheral Blood - 20ml blood collected in Sodium Heparin, received before 3:30pm Mon-Thur only

PB LYMPHOCYTE SORTING FOR GERMLINE TESTING

- Peripheral Blood - 20ml blood collected in Sodium Heparin, received before 3:30pm Mon-Thur only

MORE DETAILED COLLECTION INSTRUCTIONS CAN BE FOUND ON REVERSE

Specimen Collection Date (mm/dd/yy): _____ Specimen Collection Time: _____

Stem Cell Assay use only

Specimen Received: _____ Specimen(s) No: _____

Comments: _____

INSTRUCTIONS FOR COLLECTION AND DELIVERY OF SPECIMENS FOR THE STEM CELL ASSAY LABORATORY

COLONY FORMING CELL (CFC) ASSAY

Peripheral Blood: 20 to 30 ml peripheral blood collected in Sodium Heparin vacutainer tubes.

Bone Marrow: 1 to 3 ml bone marrow collected aseptically in Stem Cell Culture tubes containing 800 U/ml Heparin. *These tubes are obtained directly from the Stem Cell Assay lab.*

Ideally both a peripheral blood and bone marrow sample should be sent for complete assessment of the colony-forming hematopoietic stem cell compartment.

Specimens must be labeled with - the patient's name; another unique identifier such as DOB or PHN; type of specimen; date and time the sample was drawn.

Specimens have to be processed as quickly as possible the same day of collection, or stored at 4°C and received no longer than 24 hours after collection. Therefore, specimens should be sent immediately by courier or air. Specimens need to be kept cool with an ice pack but not frozen. Please advise the Stem Cell Assay Lab by phone or fax when a specimen has been sent.

Turn around time for a CFC Assay is 6 weeks, by which time a finalized report will have been faxed to the Physician(s).

CHIMERISM POST TRANSPLANT ASSESSMENT or PB LYMPHOCYTE SORTING FOR GERMLINE TESTING

Peripheral Blood: 20 ml peripheral blood collected in Sodium Heparin vacutainer tubes.

Samples must be drawn Monday to Thursdays only.

Specimens have to be processed as quickly as possible the same day of collection, or stored at 4°C and received no longer than 24 hours after collection. Therefore, specimens should be sent immediately by courier or air. Specimens need to be kept cool with an ice pack but not frozen. Please advise the Stem Cell Assay Lab by phone or fax when a specimen has been sent.

Specimens should be addressed to: STEM CELL ASSAY LABORATORY
Terry Fox Laboratory
675 West 10th Avenue
Vancouver, BC
V5Z 1L3
Phone: (604) 675-8000 x 7746
Fax: (604) 675-8146

For more information and concerns, please contact the Section Head at the phone number above.

Please visit our website <https://www.bccrc.ca/dept/tfl/dept/tfl/services/stem-cell-assay> for further information and copies of the Stem Cell Assay Requisition and Collection and Delivery Instructions.