

Flow Cytometry Test Report

Patient Information

Name: _____

Date of Birth: _____

Medical Record Number: _____

Ordering Physician

Name: _____

Contact Information

Phone: _____

Email: _____

Test Information

Test Date: _____

Specimen Type: _____

Specimen Source: _____

Clinical History

Flow Cytometry Analysis

Panel Used

Instrumentation

Gating Strategy

Results:

1. Hematopoietic Lineage Analysis

- B Cells:

- T Cells:

- Natural Killer (NK) Cells:

2. Immunophenotyping

Interpretation

Comments

Quality Control

Conclusion

Recommendations

Reporting Physician

Name: _____

Title: _____

Contact Information

Phone: _____

Email: _____