

LABORATORY - FLOW CYTOMETRY

FORM L4

ID LABEL
HERE --->

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VISIT #:
 ___ ___

FORM COMPLETED BY:
 ___ ___ ___

VERSION DATE: **10/15/96**

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. ARE TEST RESULTS AVAILABLE?

- Yes 1 (A2)
- No, Sample Inadequate 2 (END)
- No, Other Reason..... 3

_____ (END)
(SPECIFY)

A2. DATE SAMPLE DRAWN:

___ / ___ / ___
M D Y

a) DATE SAMPLE PREPARED:

___ / ___ / ___
M D Y

b. Type of Flow Cytometry Test

- Two - color..... 1 (A3a)
- CD45 gating 2 (A4a)
- Three - color..... 3 (A4a)

				<u>QUADRANT #</u>	<u>RESULT</u>
A3.	a)	CD45 (Bright +) CD14+	(MONOS)	Q2	%
	b)	CD45 (Bright +) CD14-	(LYMPHS)	Q4	%
A4.	a)	CD3- CD4+		Q1	%
	b)	CD3+ CD4+		Q2	%
	c)	CD3- CD4-		Q3	%
	d)	CD3+ CD4-		Q4	%
A5.	a)	CD3- CD8+		Q1	%
	b)	CD3+ CD8+		Q2	%
	c)	CD3- CD8-		Q3	%
	d)	CD3+ CD8-		Q4	%

WIHS ID#

VISIT #

				<u>QUADRANT#</u>	<u>RESULT</u>
A6.	a)	CD3-	CD19+	Q1	_ _ _ %
	b)	CD3+	CD19+	Q2	_ _ _ %
	c)	CD3-	CD19-	Q3	_ _ _ %
	d)	CD3+	CD19-	Q4	_ _ _ %
A7.	a)	CD3-	(CD56+ and CD16+)	Q1	_ _ _ %
	b)	CD3+	(CD56+ and CD16+)	Q2	_ _ _ %
	c)	CD3-	(CD56- and CD16-)	Q3	_ _ _ %
	d)	CD3+	(CD56- and CD16-)	Q4	_ _ _ %
A8.	Did sample fail lymphosum validation?			Yes	1
				No	2
A9.	Did sample fail t-sum validation?			Yes	1
				No	2
A10.	Did sample fail CD3 variance validation?			Yes	1
				No	2
A11.	Comments				
	Yes				1
	No.....				2 (END)

CODES FOR COMMENTS

- | | |
|---------------------------------|---------------------------------------|
| [01] SPECIMEN CLOTTED | [20] SCATTER POOR, CANNOT SET GATE |
| [02] SPEC. HELD AT 4 DEGREES C | [24] DISTINCT LYMPH, CLUSTER NOT SEEN |
| [03] SPEC. REC'D AT >25 DEGREES | [31] HIGH BACKGROUND IN ALL TUBES |
| [04] SPECIMEN QNS | [40] ANTIBODY PATTERN UNUSUAL |
| [05] LAB ACCIDENT/ERROR | [41] INCOMPLETE HEMOLYSIS |
| [10] <2000 CELLS ANALYZED | [50] FLOW CYTOMETER MALFUNCTION |
| [11] INSUFFICIENT CELLS | [51] NRBCS PRESENT |
| [12] HIGH FL SUBTRACTION REQ'D | [99] OTHER (SPECIFY BELOW) |

b.

COMMENT CODE

PLEASE SPECIFY IF COMMENT CODE IS "99"

A12.	_ _ _	_____
A13.	_ _ _	_____
A14.	_ _ _	_____