

**Clinical Directorate of Laboratory Medicine, Beaumont Hospital**

<b>Doc No:</b>	HAEMG-LF-107	<b>Revision</b>	2	<b>Active Date</b>	13 <sup>th</sup> July 2022
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**Beaumont Hospital Haematology  
Immunophenotyping Request Form**

**Patient Details:**

Surname: .....  
Forename: .....  
Hospital Number: .....  
Date of Birth: ..... Gender: Male  Female   
Date/Time Taken: .....

**Requestor Details for Return of Reports**

Consultant Name: .....  
Hospital: .....  
Telephone No.: .....  
Bleep No: .....

**Clinical Details:**

**Sample Type (Please tick)**

- Peripheral Blood
- Bone Marrow

**All leukaemia investigations must include a blood film/bone marrow aspirate slide and FBC result.**

**Test Required (Please tick)**

- T,B,NK Enumeration (Lymphocyte subsets)
- B-Cell Lymphoproliferative Screen
- T Panel
- Acute Screen
- PNH

**Beaumont Laboratory Office use only:**

**Order Mnemonics:**

T,B,NK	LY_SUB
Lymphoproliferative Screen	LST
T Panel	T_PANEL
Acute Screen	AS
PNH	PNH

Send specimen and completed form to Haematology Department, Beaumont Hospital, Dublin 9.  
Tel: 01-8092703. Samples will be processed between 9-5pm Monday to Thursday and 9-3pm Fridays.