

# 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 #: \_\_\_\_\_ Additional copies to: \_\_\_\_\_  
Family Physician, MSP #: \_\_\_\_\_ \_\_\_\_\_  
Pathologist, MSP #: \_\_\_\_\_ \_\_\_\_\_

**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

### SERUM ERYTHROPOIETIN (EPO) LEVEL

- Serum - 2ml serum taken off clot within 1/2 hr, sent frozen

### CHIMERISM POST TRANSPLANT ASSESSMENT

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

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### 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 mailed to the Physician(s). If a preliminary verbal report is required prior to this time, it can be obtained directly from the Section Head (604) 675-8000 x.7746.

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### SERUM ERYTHROPOIETIN (EPO) LEVEL

**Serum:** 2ml serum taken off SST vacutainer tube clot within 30 minutes of collection.  
Allow sample to coagulate at room temperature then centrifuge at 1000rpm for 15 minutes at room temperature.  
Remove the serum into a sterile tube (minimum 1ml is required). Freeze if not sent and received by Stem Cell Assay lab the same day.

**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.

If the sample is to be received by Stem Cell Assay lab the same day as collection, the serum may be sent on ice. However, if it is not possible that the Stem Cell Assay lab receives the sample the same day, the serum **must be frozen** at -20°C and shipped frozen. The sample must be kept frozen, freeze thaw cycles should be avoided. Please note any deviations from the above instructions on the requisition and advise the Stem Cell Assay Lab by phone or fax when a specimen has been sent.

Turn around time for a EPO Level Assay is 2 weeks after the sample has been received, by which time a finalized report will have been mailed to the Physician(s). If a preliminary verbal report is required prior to this time, it can be obtained directly from the Section Head (604) 675-8000 x.7746.

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### CHIMERISM POST TRANSPLANT ASSESSMENT

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

Samples must be drawn Monday to Thursdays **only** and received in the Stem Cell Assay lab before 3:30 pm. Contact the lab directly immediately once the sample has been drawn (604) 675-8000 x.7746.

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**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

Please visit our website <http://www.terryfoxlab.ca/facility-detail/stem-cell-assay/> for further information and copies of the Stem Cell Assay Requisition and Collection and Delivery Instructions.