Cytology Requisition
Circulating Tumor Cell

Location/Institution

ICD-9 Code(s): (Required)

Ordering Clinician: (Please print)

Clinician Signature (Required)          Clinical ID/NPI#

Collection Information (REQUIRED)

Date           Time           Drawn by:

Phleb. ID:          MD/RN ID

Fax Number for Patient Reports

Clinician’s Phone Number

Contact Name & Phone Number

Send Duplicate Reports To: (Name/Address/Fax#/Phone)

CLINICAL DATA (REQUIRED):

Test Ordered:

☐ Circulating Tumor Cell (CTC) Enumeration

SPECIMEN COLLECTION/STORAGE/TRANSPORT INSTRUCTIONS:

• If doxorubicin is in use, draw sample at least 7 days after last dose.
• Venipuncture or venous port collection only.
• Blood samples must be obtained in CellSave Preservative Tubes.
• Draw 2 CellSave Tubes of blood.
• Each tube must contain at least 8 mL of blood.
• Invert each tube 8 times immediately after drawing to avoid clotting. Clotted samples cannot be submitted to laboratory.
• Do not rock, vortex or shake samples.
• Store/transport samples at room temperature. Do not refrigerate.
• CellSave Tubes must be received in the BWH CTC lab within 48 hours of being drawn.

SPECIMEN CHECKLIST (REQUIRED):

Two tubes of whole blood in CellSave tubes collected (each with ≥ 8mL)?

Has the patient taken doxorubicin in the last 7 days?

Are there visible clots in either tube?

Was the specimen obtained via venipuncture or a venous port?

Test Performed at:

Brigham and Women’s Hospital, Cytopathology Division, Circulating Tumor Cell Lab
MRB 3 - 75 Francis Street Boston, MA 02115
Alarice Lowe, M.D., CTC Medical Director
Tel: (617) 732-4715   Fax: (617) 739-6192