


Cytology # Lab Use.	 BRIGHAM AND WOMEN'S HOSPITAL	Cytology Requisition Circulating Tumor Cell	Name			
Location/Institution			MRN			
ICD-9 Code(s): (Required)			DOB			
Ordering Clinician: (Please print)			M/F	Patient Information (Addressograph) (Required)		
Clinician Signature (Required)			Clinical ID/NPI#	Collection Information (REQUIRED)		
Fax Number for Patient Reports		Clinician's Phone Number	Date	Time	Drawn by:	
Contact Name & Phone Number			Send Duplicate Reports To: (Name/Address/Fax#/Phone)			
CLINICAL DATA (REQUIRED):						
Test Ordered:						
<input type="checkbox"/> Circulating Tumor Cell (CTC) Enumeration						
SPECIMEN COLLECTION/STORAGE/TRANSPORT INSTRUCTIONS:						
<ul style="list-style-type: none"> • 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 <u>immediately</u> after drawing to avoid clotting. Clotted samples cannot be submitted to laboratory. • Do not rock, vortex or shake samples. • Store/transport samples at <u>room temperature</u>. Do not refrigerate. • CellSave Tubes must be received in the BWH CTC lab <u>within 48 hours</u> of being drawn. 						
SPECIMEN CHECKLIST (REQUIRED):						
				Yes	No	
Two tubes of whole blood in CellSave tubes collected (each with ≥ 8mL)?				<input type="checkbox"/>	<input type="checkbox"/>	
Has the patient taken doxorubicin in the last 7 days?				<input type="checkbox"/>	<input type="checkbox"/>	
Are there visible clots in either tube?				<input type="checkbox"/>	<input type="checkbox"/>	
Was the specimen obtained via venipuncture or a venous port?				<input type="checkbox"/>	<input type="checkbox"/>	
<p style="text-align: center;">Test Performed at:</p> <p style="text-align: center;">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</p>						