

**RESIDUAL WBC TESTING SUBMISSION FORM**

Customer: _____	Contact Person: _____
Telephone: _____	Fax: _____
Date Submitted: _____	Number of Samples: _____

Please check appropriate sample type

Sample ID	Collection Date	Filtration Date	Apheresis Platelet (5230)	Apheresis RBC (5310)	Volume (mL)	Packed RBC (5504)	Weight (grams)

<b>For Flow Cytometry Laboratory Use Only</b>		
Received by: _____	Date: _____	Time: _____
Comments: _____		

## INSTRUCTIONS FOR RESIDUAL WBC TESTING SUBMISSION FORM

### **Customer**

Customer will fill out Contact Information at the top of the form, and include date submitted and number of samples submitted.

Sample ID: Fill in unit ID#. Barcode label of unit ID# is preferable

Collection Date: Write collection date of the unit

Filtration Date: Write filtration date if the unit was filtered post collection.

Place a check mark under the appropriate column for indication sample type (Apheresis Platelet, Apheresis RBC, org Packed RBC)

Volume: Write in the volume for Apheresis units

Weight: Write in the weight for packed RBC units.

### **Flow Cytometry Lab**

Received by: Flow Cytometry Technologist initials or signature

Date: Write in date received in the Flow Cytometry Laboratory

Time: Write in time received in the Flow Cytometry Laboratory

Comments: Note any discrepancies in sample reconciliation and document action taken.