Free Light Chains Test (FLC) Request Form

Patient Information

- **Patient Name:** Jane Doe
- **Date of Birth:** January 25, 1970
- **Gender:** Female
- **Address:** 456 Elm Street, Anytown, USA
- **Phone Number:** (555) 123-4567
- **Email:** jane.doe@email.com

Clinical Information

- **Reason for Test:**

  Ms. Doe presents with recurring bone pain and unexplained fatigue. A preliminary assessment suggests the possibility of a plasma cell disorder, including multiple myeloma.

- **Clinical History:**

  The patient's medical history indicates no prior diagnosis of plasma cell disorders or related conditions.

Physician Information

- **Physician Name:** Dr. John Smith, MD
- **Medical License Number:** 123456789
- **Address:** ABC Clinic, 789 Oak Avenue, Anytown, USA
- **Phone Number:** (555) 987-6543
- **Email:** dr.smith@email.com

Specimen Details

- **Date and Time of Sample Collection:** October 16, 2023, 9:00 AM
- **Specimen Type:** Serum
- **Specimen ID (if applicable):** 987654

Additional Instructions

Please process this specimen promptly, and ensure proper storage conditions to maintain sample integrity. We would appreciate expedited reporting of results given the clinical urgency of this case.

Patient Consent

I hereby confirm that the patient has been informed of the necessity of this test and has given her informed consent for the Free Light Chains Test to be performed.

Physician's Signature: Dr. John Smith

Patient's Signature: Jane Doe