

# DIL - TEST REQUISITION FORM

**TESTS MUST BE RECEIVED MONDAY – FRIDAY WITHIN 24 HOURS OF BEING DRAWN**

## PATIENT INFORMATION

Patient Name (Last , First) \_\_\_\_\_, \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Medical Record Number: \_\_\_\_\_ Date of Sample: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Sample: \_\_\_\_\_

Gender: Male Female Has the patient undergone a BMT? Yes No Unknown Date of BMT \_\_\_\_/\_\_\_\_/\_\_\_\_ Diagnosis Code: \_\_\_\_\_

 Race:  African American  American Indian  Asian  Caucasian  Hispanic  Other (Please Specify): \_\_\_\_\_

Diagnosis or reason for testing: \_\_\_\_\_

Medications: \_\_\_\_\_

## TESTS REQUESTED – Recommended Volume (Minimum Volume)

SHIP UNSPUN AT AMBIENT TEMPERATURE UNLESS OTHERWISE STATED

<input type="checkbox"/> ALPS Panel	3ml (1ml) EDTA	CBC/Diff <sup>2</sup>	<input type="checkbox"/> Neutrophil Adhesion Markers	3ml (1ml) EDTA
<input type="checkbox"/> Antigen Stimulation	10ml Sodium Heparin <sup>1</sup>		<input type="checkbox"/> Neutrophil Oxidative Burst	3ml (1ml) EDTA
<input type="checkbox"/> Apoptosis	20ml (10ml) ACD-A		<input type="checkbox"/> NK Function	10ml Sodium Heparin <sup>1</sup>
Note: Sample must be <24 hrs old and received Thursday AM				
<input type="checkbox"/> B Cell Panel	3ml (1ml) EDTA	CBC/Diff <sup>2</sup>	<input type="checkbox"/> Perforin/Granzyme B	3ml (1ml) EDTA
<input type="checkbox"/> BAFF	3ml (1ml) EDTA <sup>4</sup>		<input type="checkbox"/> PNH Screen (FLAER/CD59)	3ml (1ml) EDTA
<input type="checkbox"/> CD40L / ICOS	5ml (3ml) Sodium Heparin		<input type="checkbox"/> pSTAT5	3ml (1ml) EDTA
<input type="checkbox"/> CD45RA/RO	3ml (1ml) EDTA		<input type="checkbox"/> SAP (XLP1)	3ml (1ml) Sodium Heparin
<input type="checkbox"/> CD52 Expression	3ml (1ml) EDTA		<input type="checkbox"/> Soluble CD163	2ml (1ml) EDTA <sup>4</sup>
<input type="checkbox"/> CD64 (Leuko64)	1ml (0.5ml) EDTA		<input type="checkbox"/> Soluble IL-2R	3ml (1ml) EDTA <sup>4</sup>
<input type="checkbox"/> CD107a	10ml Sodium Heparin <sup>1</sup>		<input type="checkbox"/> Sorted Engraftment	Call to Schedule
Note: CD107 not accepted on Fridays or the day before a holiday				
<input type="checkbox"/> CD127/CD132	3ml (1ml) EDTA	CBC/Diff <sup>2</sup>	<input type="checkbox"/> TCR α/β TCR γ/δ	3ml (1ml) EDTA
<input type="checkbox"/> CTL Function	10ml Sodium Heparin <sup>1</sup>		<input type="checkbox"/> TCR V Beta Repertoire	3ml (2ml) EDTA
<input type="checkbox"/> Cytokines, Intracellular	3ml (2ml) Sodium Heparin		<input type="checkbox"/> WASP	3ml (1ml) Sodium Heparin
<input type="checkbox"/> Cytokines, Plasma or CSF	5ml (3ml) EDTA <sup>4</sup> or CSF <sup>3</sup>		<input type="checkbox"/> WASP Transplant Monitor	3ml (1ml) Sodium Heparin
<input type="checkbox"/> EBV Immortalized Cell Line	3ml Sodium Heparin		<input type="checkbox"/> XIAP (XLP2)	3ml (1ml) EDTA
<input type="checkbox"/> Check if EBV is a research sample; signed consent required			<input type="checkbox"/> ZAP-70 (only for SCID)	3ml (1ml) EDTA
<input type="checkbox"/> Foxp3	3ml (1ml) EDTA	CBC/Diff <sup>2</sup>	<input type="checkbox"/> Other _____	
<input type="checkbox"/> iNKT	3ml (1ml) EDTA		<b>HLH - Recommended Tests</b>	
<input type="checkbox"/> Lymph Activation Markers	3ml (2ml) Sodium Heparin		<b>Recommended for suspected HLH in order of priority:</b>	
<input type="checkbox"/> Lymphocyte Subsets	3ml (1ml) EDTA		<input type="checkbox"/> NK Function	10ml (5ml) Sodium Heparin <sup>1</sup>
<input type="checkbox"/> MHC Class I & II	3ml (1ml) EDTA		<input type="checkbox"/> Soluble IL-2R	3ml (1ml) EDTA <sup>4</sup>
<input type="checkbox"/> Mitogen Stimulation	10ml Sodium Heparin <sup>1</sup>		<input type="checkbox"/> Perforin/Granzyme B	3ml (1ml) EDTA
<input type="checkbox"/> Neopterin	3ml (1ml) EDTA <sup>4</sup> or CSF <sup>3</sup>		<input type="checkbox"/> CD107a	10ml (5ml) Sodium Heparin <sup>1</sup>
			<input type="checkbox"/> SAP (if patient is male)	3ml (1ml) Sodium Heparin
			<input type="checkbox"/> XIAP (if patient is male)	3ml (1ml) EDTA

### Referring Physician

Physician Name (print): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Referring Physician Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Billing Information

We do not bill patients or their insurance. Provide billing information here or on page 2.

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

#### Notes:

- Volumes requested should be adequate for most patients unless they are lymphopenic. If you have volume constraints and an absolute lymphocyte count (ALC) please see the volume chart on our website ([www.cchmc.org/dil](http://www.cchmc.org/dil)) or call for adjusted volume requirements for the following tests: Antigen or Mitogen Stimulation, CTL Function, NK Function, or CD107a.
- Results of a same day CBC/Diff must accompany the sample where indicated (used to calculate absolute cell counts).
- CSF samples should be shipped at 2-8°C if they will be received within 48 hours; frozen for delivery beyond 48 hours of collection.
- EDTA plasma samples (BAFF, Plasma Cytokines, Neopterin, sCD163, SIL-2R) can be shipped unspun, ambient, for next day delivery. Spin/separate plasma from cells, store at -20°C and ship on dry ice for delivery beyond 24 hours of collection.

Patient Name:

DOB:

Affix Label Here

**Billing & Reporting Information**
**Billing Information - Referring Institution ONLY**

The institution sending the sample is responsible for payment in full.

The Diagnostic Immunology Laboratory of CCHMC does not bill patients or their insurance.

Institution
Address
City/State/Zip
Contact Name Affix label here
Phone
Fax
Email

**Reporting Information – Please provide additional reporting information**

Name(s)
Fax #(s)

**Laboratory Hours**

The laboratory operates Monday through Friday, 8:00 am to 5:30 pm (Eastern Standard Time).

We cannot accept deliveries on Saturdays/Sundays and certain holidays.

**Billing / Shipping / Handling**

- The institution sending the sample is responsible for payment in full.
- Samples should be sent at room temperature, unless otherwise indicated. Package securely to avoid breakage and extreme weather conditions. Please include a completed copy of our test requisition form with each sample. We recommend using a Diagnostic Specimen pack to ensure proper processing and timely delivery of samples to the lab.
- Samples must be received in our laboratory within 24 hours of being drawn. Plan the draw and shipping accordingly. First Overnight is strongly recommended.
- Please call the laboratory with the name of the courier and the tracking number of the package.

**Questions?**

Please call 513-636-4685 with any questions regarding collection and/or billing.

**\*\*BOTH PAGES OF REQUISITION MUST BE COMPLETED. INCOMPLETE FORMS MAY RESULT IN THE COMPROMISE OF THE SPECIMEN'S INTEGRITY WHILE THE MISSING INFORMATION IS BEING OBTAINED\*\***