Cincinnati Children's

DIAGNOSTIC IMMUNOLOGY LABORATORY
Phone: 513.636.4685 | Fax: 513.636.3861
www.cchmc.org/DIL

Ship First Overnight to:
CCHMC - Julie Beach
DIL - Rm R2328
3333 Burnet Avenue
Cincinnati, OH 45229-3039

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 BMT: ☐ Yes Date: _____/_____/_____ ☐ No ☐ Unknown Relevant Medications: _____

Diagnosis or reason for testing: _____

TESTS REQUESTED – RECOMMENDED VOLUME (MINIMUM VOLUME)

SHIP UNSPUN AT AMBIENT TEMPATURE UNLESS OTHERWISE STATED

☐ **ALPS Panel**: *Need CBC/Diff results*[2]	3ml (1ml) EDTA	☐ **MHC Class I & II**	3ml (1ml) EDTA
☐ **Antigen Stimulation**	10ml Sodium Heparin[1]	☐ **Mitogen Stimulation**	10ml Sodium Heparin[1]
☐ **Apoptosis (Fas, mediated)**	20ml (10ml) ACD-A	☐ **Neopterin**	3ml (1ml) EDTA[4] or CSF[3]
Note: Only draw Apoptosis on Wednesday for Thurs. delivery		☐ **Neut. Adhesion Mrkrs: CD11b**	3ml (1ml) EDTA
☐ **B Cell Panel**: *Need CBC/Diff results*[2]	3ml (1ml) EDTA	☐ **Neut. Oxidative Burst (DHR)**	3ml (1ml) EDTA
☐ **BAFF**	3ml (1ml) EDTA[4]	☐ **NK Function**	10ml Sodium Heparin[1]
☐ **CD40L / ICOS**	5ml (3ml) Sodium Heparin	☐ **Perforin/Granzyme B**	3ml (1ml) EDTA
☐ **CD45RA/RO**	3ml (1ml) EDTA	☐ **PNH Screen (FLAER/CD59)**	3ml (1ml) EDTA
☐ **CD52 Expression**	3ml (1ml) EDTA	☐ **pSTAT5**	3ml (1ml) EDTA
☐ **CD64 (Leuko64)**	1ml (0.5ml) EDTA	☐ **SAP (XLP1)**	3ml (1ml) Sodium Heparin
☐ **CD107a Mobilization (NK Cell Degran)**	10ml Sodium Heparin[1]	☐ **Soluble CD163**	2ml (1ml) EDTA[4]
Note: Only draw CD107a Monday – Wednesday		☐ **Soluble FAS-Ligand (sFASL)**	3ml (1ml) EDTA/Red/Gold Serum[4]
☐ **CD127/CD132**	3ml (1ml) EDTA	☐ **Soluble IL-2R (Soluble CD25)**	3ml (1ml) EDTA[4]
☐ **CTL Function**	10ml Sodium Heparin[1]	☐ **Sorted Engraftment**	Call to Schedule
☐ **Cytokines, Intracellular**	3ml (2ml) Sodium Heparin	☐ **TCR α/β TCR γ/δ**	3ml (1ml) EDTA
☐ **Cytokines, Plasma or CSF**	5ml (3ml) EDTA[4] or CSF[3]	☐ **TCR V Beta Repertoire**	3ml (2ml) EDTA
Cytokine Panel includes: IL-1b, 2, 4, 5,6 ,8, 10, IGN-g, TNF-a, and GM-CSF		☐ **TH-17 Enumeration**	3ml (2ml) Sodium Heparin
☐ **EBV Immortalized Cell Line**	3ml Sodium Heparin	**Note: Only draw Th17 Monday-Thursday**	
☐ Check if EBV is a research sample; signed consent required		☐ **WASP**	3ml (1ml) Sodium Heparin
☐ **Foxp3**: *Need CBC/Diff results*[2]	3ml (1ml) EDTA	☐ **WASP Transplant Monitor**	3ml (1ml) Sodium Heparin
☐ **iNKT**	3ml (1ml) EDTA	☐ **XIAP (XLP2)**	3ml (1ml) EDTA
☐ **Interleukin–18 (IL-18)**	3ml Red or Gold Top Serum[4]	☐ **ZAP-70** (only for SCID)	3ml (1ml) EDTA
☐ **Lymphocyte Activation Markers**	3ml (2ml) Sodium Heparin	☐ **Other:**_____	
☐ **Lymphocyte Subsets**	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: Iowa Methodist Medical Center Laboratory

Address: 1200 Pleasant Street, North A

City/State/ZIP: Des Moines, IA

Phone: (515) 241-6360 Option 1

Notes:

1. 5-10ml Sodium Heparin blood per test should be adequate for most patients unless they are lymphopenic. If you have volume constraints and/or an absolute lymphocyte count (ALC) please see the Customized Volume Sheet on our website (www.cchmc.org/DIL) or call for adjusted volume requirements for the following tests: Antigen or Mitogen Stimulation, CTL Function, NK Function or CD107a.
2. Results of a concurrent CBC/Diff must accompany the sample where indicated (used to calculate absolute cell counts).
3. CSF samples should be shipped at 2-8°C if they will be received within 48 hours, or frozen for delivery beyond 48 hours of collection.
4. Plasma/Serum (Plasma: BAFF, Cytokines, Neopterin, sCD163, sIL-2R, sFASL, Serum: IL-18, sFASL) samples can be shipped unspun, ambient, for next day delivery. Spin/separate plasma/serum from cells, store at –20°C and ship on dry ice for delivery beyond 24 hours of collection.

Additional Information:

- The lab operates Monday – Friday 8:00am – 5:30pm (EST). Testing is not performed on weekends and certain holidays,
- Samples should be sent as whole blood at room temperature and received in our laboratory within 24 hours of being drawn unless otherwise stated.
- First Overnight shipping is strongly recommended. Please call with the tracking number so we may better track your specimen.

Cincinnati Children's

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 Iowa Methodist Medical Center Laboratory
Address 1200 Pleasant Street, North A
City/State/Zip Des Moines, IA
Contact Name Sendouts Affix label here
Phone (515) 241 - 6360 Option 1
Fax (515) 241 - 4410
Email DSM_LabClientService@unitypoint.org

Reporting Information – Please provide additional reporting information

Name(s)
Fax #(s)

ALWAY Send Copy of report to Iowa Methodist Laboratory at FAX (515) 241-4410

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****