

Immunology Phenotyping Assays Requisition

1. PATIENT INFORMATION				
Patient Name (Last, First)			DOB ____ / ____ / _____	
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral/Other <input type="checkbox"/> Unknown	
2. BILLING INFORMATION – INSTITUTIONAL BILLINGS ONLY		3. REPORT DELIVERY INFORMATION		
National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.		<input type="checkbox"/> Same as Billing Address		
Client ID		Client ID		
Client Name		Client Name		
Address		Address		
City State Zip		City State Zip		
Phone		Phone		
Secure Fax		Secure Fax		
		<input type="checkbox"/> Duplicate Report Requested Attn:		
		Phone Secure Fax		
4. SPECIMEN INFORMATION				
Specimen Source				
<input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other:				
Submitted By		Phone		Fax
Submitter Specimen #		Specimen Collection Date		Collection Time
5. B CELL MATURATION ASSOCIATED PROTEINS		10. LYMPHOCYTE PANELS		
<input type="checkbox"/> CD40L	CD40 ligand	<input type="checkbox"/> TBSUB	Lymphocyte enumeration panel 1 (includes % and absolute numbers of CD3/CD4, CD3/CD8, and CD19)	
		<input type="checkbox"/> TBNK	Lymphocyte enumeration panel 2, (includes % and absolute numbers of CD3/CD4, CD3/CD8, CD19 and CD16/56)	
6. B CELL PANELS		11. T CELL PANELS		
<input type="checkbox"/> CD19B	CD19, Pan B cells	<input type="checkbox"/> CD348	T cell enumeration panel 3 (includes % and absolute numbers of CD3, CD3/CD4, CD3/CD8)	
<input type="checkbox"/> CD20	CD20, Pan B cells	<input type="checkbox"/> CD48	T cell enumeration panel 4 (includes % and absolute numbers of CD3/CD4 and CD3/CD8)	
<input type="checkbox"/> MEMB	Memory B cell panel (CD20/IgD/IgM)	<input type="checkbox"/> 4RARO	Memory and Naïve T cells (CD4/CD45RA/CD45RO)	
<input type="checkbox"/> XBCP	Extended B cell panel (CD20/CD21/CD38/IgM)	<input type="checkbox"/> TRECS	Recent thymic emigrants (CD4/CD31/CD45RA)	
7. BRONCHOALVEOLAR LAVAGE FLUID		<input type="checkbox"/> TCR, TCRAB, TCRGD	TCR alpha/beta and TCR gamma/delta T cells	
Volume instilled:		12. MISCELLANEOUS		
Volume recovered:		<input type="checkbox"/> ALPS	Double negative (CD4 ⁻ CD8 ⁻) alpha/beta ⁺ T cells for autoimmune lymphoproliferative syndrome	
<input type="checkbox"/> BALCT	Cell count and differential	<input type="checkbox"/> CD46	Membrane Cofactor Protein (MCP), CD46	
<input type="checkbox"/> LAVTB	Lymphocyte phenotyping (CD3, CD4, CD8, CD19)	<input type="checkbox"/> FOXP3	Regulatory T cells (CD4/CD25/FoxP3)	
8. INDIVIDUAL MARKERS		13. SPECIAL INSTRUCTIONS		
<input type="checkbox"/> CD4TH	T helper (CD4) enumeration			
<input type="checkbox"/> NKMK	Natural killer cell enumeration			
9. INTEGRINS				
<input type="checkbox"/> ADHM	Neutrophil adherence markers (includes CD11a, CD11b, CD11c and CD18)			
<input type="checkbox"/> CD11A	CD11a, LFA-1 – alpha chain			
<input type="checkbox"/> CD11B	CD11b, iC3b-receptor, alpha chain (Mo1, Mac1, CR3)			
<input type="checkbox"/> CD11C	CD11c, gp150, 95, CR4 – alpha chain			
<input type="checkbox"/> CD18	CD18, beta chain of CD11 family			
INTERNAL USE				
Received By	Date	Account#	MRUN	Accession