



CMVC8 / Cytomegalovirus (CMV) CD8 T-Cell Immune Competence, Quantitative Assessment by Flow Cytometry, Blood

- This test will only be performed if HLA class I typing information is provided and the patient is positive for **1 or more** of the 5 MHC alleles listed below.
- Do not order this test for patients who have **never** been CMV sero-positive.
- The laboratory is not responsible if inaccurate HLA or clinical information is provided.

Patient Information

Patient Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient ID (Medical Record Number, if available)		
Referring Provider Name <i>(Last, First)</i>	Phone	Fax*
Other Contact Name <i>(Last, First)</i>	Phone	Fax*

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing (required)

HLA Class I Typing Information Check all that are positive.

HLA A1 HLA A2 HLA B7 HLA B8 HLA B35

Transplant Information

Transplant Date *(mm-dd-yyyy)*: _____
 Transplant Type
 Allogeneic PBSCT/BMP Autologous PBSCT Kidney Lung
 Mini-allo PBSCT BMP Heart Liver Pancreas

Clinical Information

Does the patient have primary immunodeficiency? Yes No
 Is the patient on immunosuppressive therapy? Yes No
 Has the patient **ever** been CMV seropositive? Yes No
 Does the patient have **active** CMV disease? Yes No
 Has the patient had recent antirejection therapy? Yes No
 If yes, drug name:
 ATG OKT3 Steroids Other, specify: _____