

DIL — TEST REQUISITION FORM

Patient Information MUST BE RECEIVED MONDAY – FRIDAY WITHIN 1 DAY OF COLLECTION UNLESS OTHERWISE INDICATED

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

Medical Record Number: _____ Collection Date: _____ / _____ / _____ Time of Sample: _____

Gender: ☐ Male ☐ Female Relevant Medications: _____

BMT: ☐ Yes — Date: _____ / _____ / _____ ☐ No ☐ Unknown Diagnosis/reason for testing: _____

TESTS OFFERED: MAX VOLUME LISTED IS THE PREFERRED WHOLE BLOOD VOLUME

<input type="checkbox"/> Alemtuzumab Plasma Level	2 – 3 mL Sodium Heparin See #5 on page 2	<input type="checkbox"/> Mitogen Stimulation	See #1 on page 2
<input type="checkbox"/> ALPS Panel by Flow Need CBC/Diff result	1 – 3 ml EDTA, See #2 on page 2	<input type="checkbox"/> Neopterin, Plasma or CSF	1 – 3ml EDTA or 0.5-1ml CSF, See #3 or #4 on page 2
<input type="checkbox"/> Antigen Stimulation	See #1 on page 2	<input type="checkbox"/> Neutrophil Adhesion Mrks: CD18/11b	1 – 3ml EDTA
<input type="checkbox"/> Apoptosis (Fas, mediated) <i>Note: Only draw Apoptosis on Wed. for Thurs. delivery</i>	10 – 20 mL Sodium Heparin	<input type="checkbox"/> Neutrophil Oxidative Burst (DHR)	1 – 3ml EDTA
<input type="checkbox"/> B Cell Panel Need CBC/Diff result	1 – 3ml EDTA, See #2 on page 2	<input type="checkbox"/> NK Function (STRICT 28 HOUR CUT-OFF)	See #1 on page 2
<input type="checkbox"/> BAFF	1 – 3ml EDTA, See #4 on page 2	<input type="checkbox"/> Perforin/Granzyme B	1 – 3ml EDTA
<input type="checkbox"/> CD40L / ICOS	3 – 5ml Sodium Heparin	<input type="checkbox"/> pSTAT5	1 – 3ml EDTA
<input type="checkbox"/> CD45RA/RO	1 – 3ml EDTA	<input type="checkbox"/> S100A8/A9 Heterodimer	2 (0.3mL) Gold serum aliquots, frozen w/in 4 hours of collection
<input type="checkbox"/> CD52 Expression	1 – 3ml EDTA	<input type="checkbox"/> S100A12	2 (0.3mL) Gold serum aliquots, frozen w/in 4 hours of collection
<input type="checkbox"/> CD107a Mobilization (NK Cell Degran) <i>Note: Only draw CD107a Mon. – Wed.</i>	See #1 on page 2	<input type="checkbox"/> SAP (XLP-1) and XIAP (XLP-2) <i>(XIAP and SAP are now combined in one assay; the tests are no longer offered independently)</i>	1 – 3ml Sodium Heparin
<input type="checkbox"/> CTL Function	See #1 on page 2	<input type="checkbox"/> Soluble CD163	1 – 2ml EDTA, See #4 on page 2
<input type="checkbox"/> CXCL9	2 (0.5ml) EDTA plasma aliquots, frozen w/in 8 hours of collection	<input type="checkbox"/> Soluble Fas-Ligand (sFasL)	1 – 3ml EDTA/Red/Gold, See #4 on page 2
<input type="checkbox"/> Cytokines, Intracellular	2 – 3ml Sodium Heparin	<input type="checkbox"/> Soluble IL-2R (Soluble CD25)	1 – 3ml EDTA, See #4 on page 2
<input type="checkbox"/> Cytokines (Circle One): Plasma or CSF <i>Includes: IL-1b, 2, 4, 5, 6, 8, 10, IFN-g, TNF-a, and GM-CSF</i> <i>If sending frozen, 2 (0.5mL) EDTA plasma aliquots frozen, preferred</i>	3 – 5ml EDTA or 0.5-1ml CSF See #3 or #4 on page 2	<input type="checkbox"/> T Cell Degranulation Assay <i>Note: Only draw T Cell Degran Mon. – Wed.</i>	See #1 on page 2
<input type="checkbox"/> Foxp3 Need CBC/Diff result	1 – 3ml EDTA, See #2 on page 2	<input type="checkbox"/> TCR α/β TCR γ/δ	1 – 3mL of Sodium Heparin <i>(Please note: acceptable specimen type is Sodium Heparin, effective 7/26/2021.)</i>
<input type="checkbox"/> GM-CSF Autoantibody (GMab)	1 – 3ml Red/Gold, See #4 on page 2	<input type="checkbox"/> TCR V Beta Repertoire	2 – 3ml EDTA
<input type="checkbox"/> GM-CSF Receptor Stimulation	1 – 3ml Sodium Heparin	<input type="checkbox"/> Th-17 Enumeration	2 – 3ml Sodium Heparin
<input type="checkbox"/> iNKT	1 – 3ml EDTA	<input type="checkbox"/> WASP	1 – 3ml Sodium Heparin
<input type="checkbox"/> Interleukin-6, CIA (IL-6 CIA)	1 – 3ml EDTA, See #4 on page 2	<input type="checkbox"/> WASP Transplant Monitor	1 – 3ml Sodium Heparin
<input type="checkbox"/> Interleukin-18 (IL-18) <i>If sending frozen, 2(0.3mL) red/gold serum aliquots frozen, preferred</i>	3ml Red/Gold, See #4 on page 2	<input type="checkbox"/> XIAP (XLP-2) and SAP (XLP-1) <i>(XIAP and SAP are now combined in one assay; the tests are no longer offered independently)</i>	1 – 3ml Sodium Heparin
<input type="checkbox"/> Interferon-alpha (IFN-alpha)	1 – 3ml EDTA/Red/Gold, See #4 on page 2	<input type="checkbox"/> ZAP-70 (only for SCID)	1 – 3ml EDTA
<input type="checkbox"/> Interferon-beta (IFN-beta)	1 – 3ml EDTA/Red/Gold, See #4 on page 2	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Lymphocyte Activation Markers	2 – 3ml Sodium Heparin		
<input type="checkbox"/> Lymphocyte Subsets	1 – 3ml EDTA		
<input type="checkbox"/> MHC Class I & II	1 – 3ml EDTA		

REFERRING PHYSICIAN

Physician Name (print): _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

_____, _____ Date: _____ / _____ / _____

Referring Physician Signature

BILLING & REPORTING INFORMATION

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

Institution: _____

Address: _____

City/State/ZIP: _____

Phone: (_____) _____ Fax: (_____) _____

NOTE: PLEASE SEE IMPORTANT TEST REQUIREMENT INFORMATION ON PAGE 2.

FOR LABORATORY USE ONLY

Received by: _____

ADDITIONAL BILLING INFORMATION – CONTINUED FROM PAGE 1

Institution: _____
 Address: _____
 City/State/ZIP: _____ Phone: (_____) _____ Fax: (_____) _____
 Contact Name: _____
 Phone: (_____) _____ Fax: (_____) _____ Email: _____

SEND ADDITIONAL REPORTS TO:

Name: _____ Name: _____
 Fax Number: _____ Fax Number: _____

****IMPORTANT TEST REQUIREMENT INFORMATION****

1. 5–10ml Sodium Heparin blood per test should be adequate for most patients unless they are lymphopenic. If you have volume constraints or an absolute lymphocyte count (ALC) of <1.0 K/uL, please see the Customized Volume Sheet on our website (www.cchmc.org/DIL) or call for adjusted volume requirements for the following tests: Antigen Stimulation, Mitogen Stimulation, CTL Function, NK Function, CD107a, or T Cell Degran.
2. Results of a concurrent CBC/Diff must accompany ALPS Panel, B Cell Panel, or Foxp3. (Results will be used to calculate absolute cell counts)
3. CSF Samples:
 - a) Fresh Specimens: Ship with frozen ice packs to keep at refrigeration temp (2–8°C/35–46°F) for receipt within 48 hours of collection.
 - b) Frozen Specimens: Freeze within 48 hours of collection. Ship samples frozen on dry ice.
4. Specimen Processing and Shipping Instructions **only** for tests marked with “See #4”:
 - a) Unspun whole blood: Ship as unspun whole blood at Room Temperature (20–25° C) for receipt within **24 hours** of collection.
 - b) Spun Specimens: Spin and remove serum/plasma from cells within **24 hours** of collection. Freeze separated plasma/serum immediately. Ship frozen on dry ice. Once separated from cells, the serum/plasma must stay frozen until received by the DIL. Thawed samples will be rejected.
5. Specimen Processing and Shipping Instructions **only** for tests marked with “See #5”:
 - a) Unspun whole blood: Ship as unspun whole blood at Room Temperature (20–25° C) for receipt within **5 days** of collection. *Chilled specimens will be rejected.*
 - b) Spun Specimens: Spin at 2000 g for 10 minutes and remove test-required plasma from cells in 500 µL aliquots within 5 days of collection. Freeze separated plasma immediately. Two aliquots are preferred. Ship frozen on dry ice. Once separated from the cells, the plasma must remain frozen until received by the DIL. *Thawed samples will be rejected.*

Additional Information

- Samples should be sent as whole blood at room temperature and received in our laboratory within 1 day of collection, unless otherwise indicated.
- First Overnight shipping is strongly recommended. Please call or fax the tracking number so that we may better track your specimen.

Laboratory Hours

- The laboratory operates Monday through Friday, 8 am – 5 pm (Eastern Standard Time). We cannot accept deliveries on Saturdays, Sundays, and certain holidays.
- Please refer to the Clinical Lab Index for test-specific information including sample stability criteria and acceptable date/time arrival within operating hours.

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 1 day of collection, unless otherwise indicated. Plan the draw and shipping accordingly. First Overnight is strongly recommended.
- Please call the laboratory or fax the information of the name of the courier and tracking number of the package.

Questions?

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

****THE REQUISITION MUST BE FILLED OUT COMPLETELY. INCOMPLETE FORMS MAY RESULT IN THE COMPROMISE OF THE SPECIMEN INTEGRITY WHILE THE MISSING INFORMATION IS BEING OBTAINED****

Visit our Clinical Lab Index at www.testmenu.com/cincinnatichildrens for detailed processing information.