



Instructions: Provide the requested clinical information below for appropriate interpretation of test result.

Specimens must be shipped overnight at Ambient temperature (20° C–25° C). Specimens that arrive at temperatures above the ambient temperature undergo varying degrees of hemolysis, which may interfere with the performance of the assay. Samples should not be refrigerated or frozen.

Patient Information

Form with fields for Patient Name, Birth Date, Sex, Patient ID, Referring Provider Name, Phone, Fax, and Other Contact Name.

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

Reason for Testing

Form with checkboxes for Baseline analysis and Longitudinal monitoring, and a text field for Other.

Treatment History Check all that apply.

Form with sections for Hematopoietic Cell Transplant (HCT) and Thymus transplant, including checkboxes and date fields.

Clinical History

Form with a Diagnosis section (checkboxes for various conditions) and text fields for Autoimmune disease, Viral infection, Malignancy, and Other Relevant Information.