

Patient Last, First Name, M.I. (Required)			Date of birth (Required)		<input type="checkbox"/> Male <input type="checkbox"/> Female		Mail results to: (Required)	
Collection date	Collection time	Patient ID	Diagnosis (ICD-9) code					
Referring physician and specialty			Physician UPIN#	Physician NPI#				
Secure fax # for lab results		Physician phone #		Facility phone #				
<b>**COMPLETE SECTION BELOW ONLY IF BILLING ADDRESS IS DIFFERENT FROM THE 'MAIL RESULTS TO' ADDRESS**</b>								
Please Bill: <input type="checkbox"/> Medicare <input type="checkbox"/> Colorado Medicaid <input type="checkbox"/> Patient (Pre-Pay) <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			Responsible Party (Last, First,):			Medicare (HIC) #		
Name on Card _____			Street Address:			Colorado Medicaid ID #		
Credit Card # _____			City	State	Zip	Social Security #		
Exp. Date _____ CVV Code _____			Telephone #			Patient bills must be prepaid or accompany specimen		

**BRONCHOALVEOLAR LAVAGE FLUID**

- \_\_\_ LAVCT Cell count and differential  
Volume instilled: \_\_\_\_\_ Volume recovered: \_\_\_\_\_  
\_\_\_ LAVTB Lymphocyte immunophenotyping (CD3, CD19, CD4, CD8)

**LYMPHOCYTE FUNCTION ASSAYS**

**Must be scheduled in advance: 800.550.6227, x1288**

- \_\_\_ LSPHA Lymphocyte proliferation to PHA mitogen  
\_\_\_ LSCON Lymphocyte proliferation to Con A mitogen  
\_\_\_ LSPWM Lymphocyte proliferation to PWM mitogen  
\_\_\_ LSCAN Lymphocyte proliferation to candida antigen  
\_\_\_ LSTET Lymphocyte proliferation to tetanus antigen

**With suboptimal blood collection volume lymphocyte proliferation can be performed on whole blood (see tests below)**

- \_\_\_ WBPFA Whole blood lymphocyte proliferation to PHA mitogen  
\_\_\_ WBCON Whole blood lymphocyte proliferation to Con A mitogen  
\_\_\_ WBPWM Whole blood lymphocyte proliferation to PWM mitogen  
\_\_\_ WBCAN Whole blood lymphocyte proliferation to candida antigen  
\_\_\_ WBTET Whole blood lymphocyte proliferation to tetanus antigen

- \_\_\_ LPAN2 Lymphocyte proliferation to 3 mitogens and 2 antigens with CDC recommended enumeration panel  
\_\_\_ BER1 Beryllium lymphocyte proliferation test  
\_\_\_ METLT Lymphocyte proliferation to metals  
Please specify: \_\_\_\_\_  
\_\_\_ NKASS Natural killer cell functional assay (schedule with lab before ordering)

**LYMPHOCYTE PHENOTYPING**

- \_\_\_ TBSBS Lymphocyte enumeration panel (includes % and absolute numbers of CD3/CD4, CD3/CD8, and CD19)  
\_\_\_ TBCDC Lymphocyte enumeration, CDC recommended panel (includes % and absolute numbers of CD3/CD4, CD3/CD8, CD19 and CD16/56)

**NEUTROPHIL FUNCTION**

**Must be scheduled in advance: 800.550.6227, x1344**

- \_\_\_ ADHM Neutrophil adherence markers (includes CD11a, CD11b, CD11c and CD18)  
\_\_\_ BACT1 Bactericidal (\_\_\_ S. aureus -OR- \_\_\_ patient isolate)  
\_\_\_ CHEMIL Opsonochemiluminescence (opsonophagocytosis)  
\_\_\_ CTX1 Chemotaxis  
\_\_\_ DHR Dihydrorhodamine (oxidative metabolism)  
\_\_\_ NBT Nitroblue tetrazolium (NBT) dye reduction

**LEUCOCYTE PHENOTYPING – INDIVIDUAL TESTS**

**Please specify:**

- \_\_\_ CD4M CD4, T helper cells  
\_\_\_ CD11A CD11a, LFA-1 α chain  
\_\_\_ 11BO CD11b, iC3b-receptor, α chain (Mo1, Mac1, CR3) neutrophils  
\_\_\_ C11CO CD11c, gp150, 95α chain (CR4)  
\_\_\_ NKMK CD16/56, NK cells  
\_\_\_ CD18O CD18, β chain of CD11 family  
\_\_\_ CD19M CD19, Pan B cells  
\_\_\_ CD20M CD20, Pan B cells  
\_\_\_ IGERAB Anti-IgE receptor  
\_\_\_ OLM1 TCRδ1, gamma-delta T cell receptor (common epitope)  
\_\_\_ OLM1 TCRαβ, alpha/beta T cell receptor  
\_\_\_ IFNGR IFN gamma R alpha  
\_\_\_ IL12R IL-12 R beta 1 (schedule with lab before ordering)  
\_\_\_ CD40L CD40 ligand (sent to Children's Memorial Hospital)  
\_\_\_ MEMB Memory B cells

**\*\*Please call lab for availability of other markers not listed above\*\***

**MISCELLANEOUS**

- \_\_\_ QTB Quantiferon TB gold  
\_\_\_ BEBAL Beryllium lymphocyte proliferation – bronchoalveolar lavage (BAL)  
\_\_\_ TSPOT T-Spot TB

**COMMENTS:** \_\_\_\_\_  
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