



Form with fields: Patient Last, First Name, M.I. (Required), Date of birth (Required), Male/Female checkboxes, 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 #, P.O. #

COMPLETE SECTION BELOW ONLY IF BILLING ADDRESS IS DIFFERENT FROM THE 'MAIL RESULTS TO' ADDRESS

Form with fields: Please Bill: Medicare/Colorado Medicaid, Patient (Pre-Pay) with payment method options, Name on Card, Credit Card #, Exp. Date, CVV Code, Responsible Party (Last, First,):, Street Address, City, State, Zip, Telephone #, Medicare (HIC) #, Colorado Medicaid ID #, Social Security #, Patient bills must be prepaid or accompany specimen

BRONCHOALVEOLAR LAVAGE FLUID

- LAVCT Cell count and differential
Volume instilled: _____ Volume recovered: _____
LAVTB Lymphocyte phenotyping (CD3, CD4, CD8, CD19)

LYMPHOCYTE FUNCTION ASSAYS

Must be scheduled in advance 303-398-1288

- LPHA Lymphocyte proliferation to PHA mitogen
LCONA Lymphocyte proliferation to Con A mitogen
LPWM Lymphocyte proliferation to PWM mitogen
LCAND Lymphocyte proliferation to candida antigen
LTET Lymphocyte proliferation to tetanus antigen
LSTIM Lymphocyte proliferation to all 3 mitogens and 2 antigens

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

- WBPHA 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
BER1 Beryllium lymphocyte proliferation test
METLT Lymphocyte proliferation to metals
Please specify: _____
NKASS Natural killer cell functional assay (must be scheduled in advance 303-398-1344)

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 303-398-1344

- ADHM Neutrophil adherence markers (includes CD11a, CD11b, CD11c and CD18)
BACT Bactericidal Assay (S. aureus -OR- patient isolate)
CTX Chemotaxis
DHR Dihydrorhodamine (oxidative metabolism)
NBT Nitroblue tetrazolium (NBT) dye reduction

LEUKOCYTE PHENOTYPING - INDIVIDUAL TESTS

- CD4M T Helper (CD4) Enumeration
CD11A CD11a, LFA-1 alpha chain
11BO CD11b, iC3b-receptor, alpha chain (Mo1, Mac1, CR3) neutrophils
C11CO CD11c, gp150, 95a chain (CR4)
NKMK CD16/56, NK cells
CD180 CD18, beta chain of CD11 family
CD19M CD19, Pan B cells
CD20M CD20, Pan B cells
IGERAB Anti-IgE receptor Ab
TCRGD TCRdelta1, gamma-delta T cell receptor (common epitope)
TCRAB TCRalpha,beta, alpha/beta T cell receptor
TCABGD TCRalpha,beta AND TCRdelta1, gamma-delta T cell receptor
IFNGR IFN gamma R alpha
IL12R IL-12 R beta 1 (must be scheduled in advance 303-398-1344)
CD40L CD40 ligand
MEMB Memory B cells

MISCELLANEOUS

- QFT QuantIFERON@-TB Gold In-Tube
BEBAL Beryllium lymphocyte proliferation - bronchoalveolar lavage (BAL)
TLR TLR assay (must be scheduled in advance 303-398-1344)

Please call lab for availability of other markers not listed above

COMMENTS: _____

Serum Plasma Blood Urine