

Advanced Diagnostic Laboratories National Jewish Health®

Immunology Laboratory | 800.550.6227 | 303.270.2175 fax | njlabs.org

Immunology Functional Assays Requisition

SHIP TO: National Jewish Health
Immunology Laboratory
1400 Jackson Street, M013
Denver, CO 80206

1. PATIENT INFORMATION

Patient Name (Last, First) Male Female DOB ___ / ___ / _____

2. BILLING INFORMATION

National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.

Account Name

Client ID

Address

City

State

Zip

Phone

Fax

3. REPORT DELIVERY INFORMATION

Client ID

Account Name

Address

City

State

Zip

Phone

Secure Fax

Duplicate Report Request

Attention:

Phone

Secure Fax

4. SPECIMEN INFORMATION

Specimen Source

Blood

Submitted By

Phone

Fax

Submitter Specimen #

Specimen Collection Date

Collection Time

5a. LYMPHOCYTE PROLIFERATION ASSAYS (MITOGEN/ANTIGEN RESPONSE)

| | | | |
|--------------------------------|---|---|---|
| <input type="checkbox"/> LMITO | Lymphocyte proliferation to PHA mitogen | <input type="checkbox"/> LANTI | Lymphocyte proliferation to Candida antigen |
| <input type="checkbox"/> LMITO | Lymphocyte proliferation to Con A mitogen | <input type="checkbox"/> LANTI | Lymphocyte proliferation to Tetanus antigen |
| <input type="checkbox"/> LMITO | Lymphocyte proliferation to PWM mitogen | <input checked="" type="checkbox"/> LSTIM | Lymphocyte proliferation to all 3 mitogens (PHA, ConA, PWM) + 2 antigens (Candida, Tetanus) |

5b. For volumes < 2mL, lymphocyte proliferation can be performed on whole blood.

| | | | |
|--------------------------------|---|--------------------------------|---|
| <input type="checkbox"/> WBMIT | Whole blood lymphocyte proliferation to PHA mitogen | <input type="checkbox"/> WBANT | Whole blood lymphocyte proliferation to Candida antigen |
| <input type="checkbox"/> WBMIT | Whole blood lymphocyte proliferation to Con A mitogen | <input type="checkbox"/> WBANT | Whole blood lymphocyte proliferation to Tetanus antigen |
| <input type="checkbox"/> WBMIT | Whole blood lymphocyte proliferation to PWM mitogen | | |

6. RESPONSE TO METALS

| | | | |
|--------------------------------|--------------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> NILPT | Lymphocyte proliferation to Nickel | <input type="checkbox"/> COLPT | Lymphocyte proliferation to Cobalt |
| <input type="checkbox"/> CRLPT | Lymphocyte proliferation to Chromium | | |

7. NEUTROPHIL FUNCTION

| | | | |
|--|--|-------------------------------|--|
| <input checked="" type="checkbox"/> BACT | Bactericidal Assay: <input type="checkbox"/> S. aureus -OR- <input type="checkbox"/> patient isolate Must be scheduled in advance. Call 800.550.6227 | <input type="checkbox"/> CHTX | Chemotaxis Must be scheduled in advance. Call 800.550.6227 |
| <input checked="" type="checkbox"/> DHR | Dihydrorhodamine [DHR] (oxidative metabolism) | <input type="checkbox"/> NBT | Nitroblue tetrazolium (NBT) dye reduction (oxidative metabolism) |

8. TUBERCULOSIS TESTING

| | | | |
|--|---------------------------------------|--------------------------------|-----------------|
| <input checked="" type="checkbox"/> QFT4 | TB QuantiFERON® -TB Gold Plus In-Tube | <input type="checkbox"/> TSPOT | T-Spot® TB test |
|--|---------------------------------------|--------------------------------|-----------------|

9. MISCELLANEOUS

| | | | |
|---|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> TH17C | Interferon Gamma and IL-17 Producing CD4 T Cells by Flow Cytometry | <input checked="" type="checkbox"/> GCLS | Glucocorticoid lymphocyte stimulation |
|---|--|--|---------------------------------------|

10. SPECIAL INSTRUCTIONS

INTERNAL USE

Received By _____ Date _____ Account# _____ MRUN _____ Accession _____