

Cytokines Diagnostics Requisition

1. PATIENT INFORMATION			
Patient Name (Last, First)		<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB ___ / ___ / _____
2. BILLING INFORMATION		3. REPORT DELIVERY INFORMATION	
National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.		Attention	
		Account Name	
Account Name		Address	
Address		City	State Zip
City	State	Zip	<input type="checkbox"/> Duplicate Report Requested
Billing Contact Name		Name	
Phone	Fax	Phone	Secure Fax
4. SPECIMEN INFORMATION			
Specimen Source: <input type="checkbox"/> Plasma <input type="checkbox"/> Whole Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other:			
<input type="checkbox"/> Raw Specimen OR <input type="checkbox"/> Culture Medium:			
Submitted By		Phone	Fax
Submitter Specimen #		Actual Specimen Collection Date	Collection Time
5. COMPLEMENT CYTOKINE PANELS			
PLASMA <input type="checkbox"/> THPA	TH1/TH2 Panel B (Luminex multiplex bead array) CYTOKINE Interleukin 2 [IL2] Interleukin 4 [IL4] Interleukin 5 [IL5] Interleukin 6 [IL6] Interleukin 10 [I10] Interleukin 12 [I12S] Interferon Gamma [INFG] Tumor Necrosis Factor alpha [TNFA]	PLASMA <input type="checkbox"/> THPB	TH1/TH2 Panel B (Luminex multiplex bead array) CYTOKINE Interleukin 2 [IL2] Interleukin 4 [IL4] Interleukin 5 [IL5] Interleukin 10 [I10] Interferon Gamma [INFG] Tumor Necrosis Factor alpha [TNFA]
PLASMA <input type="checkbox"/> TH1	TH1 Cytokine 4 Plex Panel by Luminex CYTOKINE Interleukin 2 [IL2] Interleukin 12 [I12S] Interferon Gamma [INFG] Tumor Necrosis Factor alpha [TNFA]	PLASMA <input type="checkbox"/> TH2	TH2 Cytokine 4 Plex Panel by Luminex CYTOKINE Interleukin 4 [IL4] Interleukin 5 [IL5] Interleukin 6 [IL6] Interleukin 10 [I10]
6 SOLUBLE CYTOKINES			
<input type="checkbox"/> WHOLE BLOOD	TEST	<input type="checkbox"/> WHOLE BLOOD	TEST
<input type="checkbox"/> IL12R	IL12 Receptor assay (samples accepted Mon and Fri only)	<input type="checkbox"/> IFNGR	Interferon gamma receptor assay (samples accepted Mon-Thurs)
7. ANTI-CYTOKINE AUTOANTIBODIES		INTERNAL USE ONLY	
<input type="checkbox"/> SERUM	TEST		
<input type="checkbox"/> IFNGE	Autoantibodies to interferon gamma		
<input type="checkbox"/> GMCSE	Autoantibodies to GMCSF		
8. SPECIAL INSTRUCTIONS			
*Please indicate need for a single cytokine here			