

1. PATIENT INFORMATION			
Patient Name (Last, First)		<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB ____ / ____ / ____
2. BILLING INFORMATION – INSTITUTIONAL BILLINGS ONLY		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"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other:			
Submitted By		Phone	Fax
Submitter Specimen #		Specimen Collection Date	Collection Time
5. B CELL MATURATION ASSOCIATED PROTEINS		10. INTEGRINS	
<input type="checkbox"/> BAFFR	Baff receptor	<input type="checkbox"/> ADHM	Neutrophil adherence markers (includes CD11a, CD11b, CD11c and CD18)
<input type="checkbox"/> CD40L	CD40 ligand	<input type="checkbox"/> CDA11	CD11a, LFA-1 – alpha chain
<input type="checkbox"/> ICOS	Inducible costimulator	<input type="checkbox"/> 11B0	CD11b, iC3b-receptor, alpha chain (Mo1, Mac1, CR3)
<input type="checkbox"/> CD40M	CD40 expression on B cells	<input type="checkbox"/> C11CO	CD11c, gp150, 95, CR4 – alpha chain
6. B CELL PANELS		<input type="checkbox"/> CD180	CD18, beta chain of CD11 family
<input type="checkbox"/> CD1920	B cell markers CD19, CD20 cells	11. LYMPHOCYTE PANELS	
<input type="checkbox"/> CD19M	CD19, Pan B cells	<input type="checkbox"/> TBSBS	Lymphocyte enumeration panel 1 (includes % and absolute numbers of CD3/CD4, CD3/CD8, and CD19)
<input type="checkbox"/> CD20M	CD20, Pan B cells	<input type="checkbox"/> TBCDC	Lymphocyte enumeration panel 2, (includes % and absolute numbers of CD3/CD4, CD3/CD8, CD19 and CD16/56)
<input type="checkbox"/> MEMB	Memory B cell panel (CD20/IgD/IgM)	12. T CELL PANELS	
<input type="checkbox"/> XBCP	Extended B cell panel (CD20/CD21/CD38/IgM)	<input type="checkbox"/> CD3SB	T cell enumeration panel 3 (includes % and absolute numbers of CD3, CD3/CD4, CD3/CD8)
7. BRONCHOALVEOLAR LAVAGE FLUID		<input type="checkbox"/> CD48	T cell enumeration panel 4 (includes % and absolute numbers of CD3/CD4 and CD3/CD8)
Volume instilled:		<input type="checkbox"/> C4RARO	Memory and Naïve T cells (CD4/CD45RA/CD45RO)
Volume recovered:		<input type="checkbox"/> CD4RTE	Recent thymic emigrants (CD4/CD31/CD45RA)
<input type="checkbox"/> LAVCT	Cell count and differential	<input type="checkbox"/> TCABGD	TCR alpha/beta and TCR gamma/delta T cells
<input type="checkbox"/> LAVTB	Lymphocyte phenotyping (CD3, CD4, CD8, CD19)	13. MISCELLANEOUS	
8. CYTOKINE RECEPTORS AND INHIBITORS		<input type="checkbox"/> ALPS	Double negative (CD4 ⁻ CD8 ⁻) alpha/beta ⁺ T cells for autoimmune lymphoproliferative syndrome
<input type="checkbox"/> IFNGAB	Autoantibody to interferon gamma	<input type="checkbox"/> CD46	Membrane Cofactor Protein (MCP), CD46
<input type="checkbox"/> IFNGR	IFN gamma receptor – alpha chain	<input type="checkbox"/> FOXP3	Regulatory T cells (CD4/CD25/FoxP3)
<input type="checkbox"/> IL12R	IL-12 receptor – beta chain Must be scheduled in advance by calling 800.550.6227, option 6.	14. SPECIAL INSTRUCTIONS	
9. INDIVIDUAL MARKERS			
<input type="checkbox"/> CD4M	T helper (CD4) enumeration		
<input type="checkbox"/> NKMK	Natural killer cell enumeration		
INTERNAL USE			
Received By	Date	Account#	MRUN Accession