

Immunology Functional Assays Requisition

1. PATIENT INFORMATION			
Patient Name (Last, First)		DOB ____ / ____ / ____	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral/Other <input type="checkbox"/> Unknown	
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.		<input type="checkbox"/> Same as Billing Address Client ID	
Client ID		Client Name	
Client Name		Address	
Address		City	State Zip
City	State Zip	Phone	Secure Fax
Phone		<input type="checkbox"/> Duplicate Report Requested Attn:	
Secure Fax		Phone	Secure Fax
4. SPECIMEN INFORMATION			
Specimen Source			
<input type="checkbox"/> Blood			
Submitted By		Phone	Fax
Submitter Specimen #		Specimen Collection Date	Collection Time
5a. LYMPHOCYTE PROLIFERATION ASSAYS (MITOGEN/ANTIGEN RESPONSE)			
<input type="checkbox"/> LPHA	PHA Mitogen Lymphocyte Proliferation	<input type="checkbox"/> LCAND	Candida Antigen Lymphocyte Proliferation
<input type="checkbox"/> LCONA	Con A Mitogen Lymphocyte Proliferation	<input type="checkbox"/> LTET	Tetanus Antigen Lymphocyte Proliferation
<input type="checkbox"/> LPWM	PWM Mitogen Lymphocyte Proliferation	<input type="checkbox"/> LANTI	Lymphocyte Proliferation to Candida and Tetanus antigens
<input type="checkbox"/> LMITO	Lymphocyte Proliferation to PHA, ConA, PWM		
<input 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 (WB)			
<input type="checkbox"/> WBPHA	WB PHA Lymphocyte Proliferation	<input type="checkbox"/> WBCAN	WB Candida Lymphocyte Proliferation
<input type="checkbox"/> WBCONA	WB Con A Lymphocyte Proliferation	<input type="checkbox"/> WBTET	WB Tetanus Lymphocyte Proliferation
<input type="checkbox"/> WBPWM	WB PWM Lymphocyte Proliferation	<input type="checkbox"/> WBANT	WB Lymphocyte Proliferation to Candida, Tetanus
<input type="checkbox"/> WBMIT	WB Lymphocyte Proliferation to PHA, ConA, PWM		
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 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 type="checkbox"/> DHR	Dihydrorhodamine [DHR] (oxidative metabolism)		
8. TUBERCULOSIS TESTING			
<input type="checkbox"/> QFT	TB QuantiFERON® -TB Gold Plus In-Tube	<input type="checkbox"/> TSPOT.TB	T-Spot® TB test
9. MISCELLANEOUS			
<input type="checkbox"/> TH17C	Interferon Gamma and IL-17 Producing CD4 T Cells by Flow Cytometry	<input type="checkbox"/> GCLS	Glucocorticoid Lymphocyte Proliferation
10. SPECIAL INSTRUCTIONS			
INTERNAL USE			
Received By	Date	Account#	MRUN Accession