

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	City	State Zip
Phone	Zip	Phone	Secure Fax
Secure Fax		<input type="checkbox"/> Duplicate Report Requested	Attn:
		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"/> 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 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 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)	<input type="checkbox"/> NBT	Nitroblue tetrazolium (NBT) dye reduction (oxidative metabolism)
8. TUBERCULOSIS TESTING			
<input type="checkbox"/> QFT	TB QuantiFERON® -TB Gold Plus In-Tube	<input type="checkbox"/> TSPOT	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 stimulation
10. SPECIAL INSTRUCTIONS			
INTERNAL USE			
Received By	Date	Account#	MRUN Accession