

Testing Requisition Form

Nephrology Clinical Laboratory

CCHMC Division of Nephrology & Hypertension



Patient Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Date of Birth _____ Sex M F

Collection Date _____ Collection Time _____

Referring Institution _____

Address _____

City _____ State _____ Zip _____

Account Payable Contact Name _____

Phone _____

Fax _____

E-mail _____

Ordering Physician _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Signature _____

TMA (aHUS/TTP) Testing <i>order panel/individual components</i>		
TEST	CPT CODE	SAMPLE TYPE
ADAMTS13 ACTIVITY	85397	<input type="checkbox"/> PPP
FACTOR H AUTOANTIBODY	83516	<input type="checkbox"/> SER/P
C3, C4, FACTOR B, FACTOR I, FACTOR H	86160 x 5	<input type="checkbox"/> SER

SER= Serum; PPP= platelet-poor plasma

Membranous Nephropathy		
TEST	CPT CODE	SAMPLE TYPE
PLA2R AUTOANTIBODY*	86021	<input type="checkbox"/> SER/P
* Ship refrigerated or frozen		

Complement Testing MPGN/DDD/C3GN and Immunodeficiency		
TEST	CPT CODE	SAMPLE TYPE
COMPLEMENT PROFILE* C2, C3, C4, C5, C6, C7, C8, C9, C1Q, FACTOR B, FACTOR H, FACTOR I, PROPERDIN, C1 INHIBITOR, C4BP	86160 x 15	<input type="checkbox"/> SER
HANE PROFILE/SLE PROFILE C1 INH, C2, C3, C4, C1Q	86160 x 5	<input type="checkbox"/> SER
*Components may be ordered individually, please call.		

C3 NEPHRITIC FACTOR	86160	<input type="checkbox"/> SER
FACTOR H AUTOANTIBODY	83516	<input type="checkbox"/> SER/P
FACTOR Bb	86160	<input type="checkbox"/> SER/P
CH50	86162	<input type="checkbox"/> SER
C3	86160	<input type="checkbox"/> SER
C4	86160	<input type="checkbox"/> SER
FACTOR H	86160	<input type="checkbox"/> SER
FACTOR I	86160	<input type="checkbox"/> SER
FACTOR B	86160	<input type="checkbox"/> SER
C1 INHIBITOR	86160	<input type="checkbox"/> SER
C1q	86160	<input type="checkbox"/> SER
C2	86160	<input type="checkbox"/> SER



Serum Protein	order panel/individual components	
TEST	CPT CODE	SAMPLE TYPE
SERUM PROTEIN PROFILE ALBUMIN, TRANSFERRIN, Hs C-REACTIVE PROTEIN, IgA, IgG, IgM, C3, C4	82784 x 3 + 86160 x 2 + 82040 x 2	<input type="checkbox"/> SER
IMMUNOGLOBULIN PROFILE IgG, IgA, IgM	82784 x 3	<input type="checkbox"/> SER
IgG SUBCLASSES IgG, IgG1, IgG2, IgG3, IgG4	82874 + 82787 x 4	<input type="checkbox"/> SER
IgG INDEX CSF: IgG, ALB SER: IgG, ALB	82784 x 2 + 82040 x 2	<input type="checkbox"/> CSF + SER
HAPTOGLOBIN	83010	<input type="checkbox"/> SER
CYSTATIN C	82610	<input type="checkbox"/> SER
RHEUMATOID FACTOR	86431	<input type="checkbox"/> SER
ANTI STREPTOLYSIN O	86060	<input type="checkbox"/> SER
ANTI-DNASE-B	86215	<input type="checkbox"/> SER

SER= Serum; PPP= platelet-poor plasma

Shipping

SHIP SAMPLES FROZEN

Cincinnati Children's Hospital Medical Center
ATTN: Lab Processing B-4
3333 Burnet Avenue,
Cincinnati, Ohio 45229

ADAMTS13 Testing	order panel/individual components	
TEST TEST	CPT CODE	SAMPLE TYPE
ADAMTS13 PANEL *	85397 + 85335 + 85320	<input type="checkbox"/> PPP
ADAMTS13 ACTIVITY *	85397	<input type="checkbox"/> PPP
ADAMTS13 INHIBITION TEST *	85335	<input type="checkbox"/> PPP
ADAMTS13 ANTIBODY QUANT	85320	<input type="checkbox"/> SER/P

**see sample prep instructions*

CLINICAL INFORMATION IF AVAILABLE

Is the patient receiving plasma infusion or plasmapheresis? Yes No

If yes, date of last plasma infusion or plasmapheresis?

Schistocytes Yes No

LDH

Haptoglobin

Bilirubin

C3

C4

Creatinine

Date of previous kidney biopsy, if any?

If previous kidney biopsy was performed, what was the diagnosis?