



# DIAGNOSTIC IMMUNOLOGY LABORATORY

division of Hematology/Oncology  
Phone: 513-636-4685 Fax: 513-636-3861  
www.cincinnatichildrens.org/DIL

**Test Requisition Form 062309**

Send to: **Julie Beach**  
**Cincinnati Children's Hospital Medical Center**  
**Hematology/Oncology R2328**  
**3333 Burnet Avenue, Cincinnati, OH 45229**  
*Maintain all samples at room temperature. Samples must be received within 24 hours of being drawn. We recommend using Diagnostic Specimen packs and using FIRST OVERNIGHT PRIORITY SHIPPING to ensure timely delivery. The lab operates M-F only. Closed Saturday and Sunday.*

**Informative newsletters** are available at [www.cincinnatichildrens.org/DIL](http://www.cincinnatichildrens.org/DIL)

**Patient Name** \_\_\_\_\_ **Date of Sample** \_\_\_\_\_ **Time of Sample** \_\_\_\_\_  
**Medical Record #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ Sex:  Male  Female  
Race:  African American  American Indian  Asian  Hispanic  White  Other (specify): \_\_\_\_\_  
**Diagnosis or reason for testing** \_\_\_\_\_ **ICD9 code** \_\_\_\_\_  
**Medications:** \_\_\_\_\_ **Has the patient undergone BMT?**  no  yes **date of BMT** \_\_\_\_\_

- ALPS Panel <sup>2</sup> 3ml (1ml) EDTA **CBC/Diff** <sup>3</sup>
- Antigen Stimulation 10ml (5ml) Sodium Heparin <sup>1</sup>
- B Cell Panel <sup>2</sup> 3ml (1ml) EDTA **CBC/Diff** <sup>3</sup>
- Baff, Plasma Levels 3ml (1ml) EDTA
- CD40L (CD154) 5ml (3ml) Sodium Heparin
- CD45RA / CD45RO 3ml (1ml) EDTA
- CD64 (Leuko64) 1ml (0.5ml) EDTA
- CD107a Mobilization 10ml (5ml) Sodium Heparin <sup>1</sup>  
**Note: CD107a is a 2 day test and therefore cannot be accepted on Fridays**
- CD132 / CD127 3ml (1ml) EDTA **CBC/Diff** <sup>3</sup>
- CTL Function 10ml (5ml) Sodium Heparin <sup>1</sup>
- Cytokines, Intracellular 3ml (2ml) Sodium Heparin
- Cytokines, Plasma 5ml (3ml) EDTA
- EBV Immortalized Cell Line 3ml Sodium Heparin  
 Check here if this is a research sample; signed consent required
- EDN (Eosinophil-Derived Neurotoxin) 3ml (1ml) EDTA
- Eotaxin-3 3ml (1ml) EDTA
- Foxp3 3ml (1ml) EDTA **CBC/Diff** <sup>3</sup>
- iNKT 3ml (1ml) EDTA
- Lymphocyte Activation Markers 5ml (2ml) Sodium Heparin

- Lymphocyte Subsets 3ml (1ml) EDTA **CBC/Diff** <sup>3</sup>
- Mitogen Stimulation 10ml (5ml) Sodium Heparin <sup>1</sup>
- Neutrophil Function Tests (specify from the list below)  
**must be scheduled in advance** \*\*not available to non-local customers
  - Oxidative Burst
  - Adhesion Markers
  - Phagocytosis & Killing\*\*
  - Chemotaxis\*\*
- NK Function <sup>2</sup> 10ml (5ml) Sodium Heparin <sup>1</sup>
- Perforin/Granzyme B 3ml (1ml) EDTA
- PNH Screen (CD59) 3ml (1ml) EDTA
- SAP (XLP1) 3ml (1ml) Sodium Heparin
- Soluble CD163 2ml (1ml) EDTA
- Soluble IL-2R 3ml (1ml) EDTA
- TCR  $\alpha/\beta$  / TCR  $\gamma/\delta$  3ml (1ml) EDTA
- TCR V beta Repertoire 3ml (2ml) EDTA
- WASP 5ml (3ml) Sodium Heparin
- XIAP (XLP2) 3ml (1ml) EDTA
- Other \_\_\_\_\_

**Notes:**

1. Volumes requested assume a normal ALC. If lymphocyte count is abnormally low, please call the lab for adjusted volume requirements when ordering any of the following tests: Antigen Stimulation, Mitogen Stimulation, CTL Function, NK Function, or CD107a Mobilization.
2. It is strongly recommended that a Lymphocyte Subset also be ordered when ordering any of the following tests: ALPS Panel, B Cell Panel, or NK Function.
3. Results of a same day CBC/Diff must accompany the sample where indicated.

**Physician signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician name printed** \_\_\_\_\_ **phone or e-mail for contacting physician** \_\_\_\_\_  
(required field)

Please provide referring institution's billing address.  
**The institution sending the sample is responsible for payment in full.**

Please provide reporting information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## CPT CODES AND PRICE LIST

Test	CPT Codes	Current Price	New Price*
ALPS Panel	88184, 88185x9, 88188	\$487.39	\$513.71
Antigen Stimulation	86353x2	\$536.42	\$565.39
B Cell Panel	88184, 88185x9	\$423.41	\$446.27
Baff, plasma levels	83520	\$362.14	\$381.70
CD40L (CD154)	88184, 88185x3, 88187	\$144.21	\$152.00
CD45RA/RO	88184, 88185x4, 88187	\$471.11	\$496.55
CD64 (Leuko64)	88184	\$61.48	\$64.80
CD107a Mobilization	88184	\$476.13	\$501.84
CD132/CD127	88184, 88185x12, 88187	\$323.76	\$341.24
CTL Function	86849	\$569.95	\$600.73
Cytokines, Intracellular	88184, 88185x2, 88187	\$1,083.46	\$1,141.97
Cytokines, Plasma	83520x5	\$1,829.25	\$1,928.03
EBV Immortalization	88230	\$384.45	\$405.21
EDN	83520	\$826.59	\$871.23
Eotaxin-3	83520	\$511.59	\$539.22
Foxp3	88184	\$498.46	\$525.38
iNKT	88184, 88187	\$344.00	\$362.58
Lymph Activation Markers	88184, 88185x8, 88187	\$671.94	\$708.22
Lymph Subsets	88184, 88185, 86360, 86359, 86355, 86357, 88187	\$366.41	\$386.20
Mitogen Stimulation	86353x3	\$806.80	\$850.37
Neutrophil Adhesion Markers	88184, 88185x4, 88187	\$89.52	\$94.35
Neutrophil Chemotaxis	86155	\$284.98	\$300.37
Neutrophil Oxidative Burst	88184	\$131.74	\$138.85
Neutrophil Phag & Killing	86344	\$312.15	\$329.01
NK Function	86849	\$455.96	\$480.58
Perforin/Granzyme B	88184	\$491.76	\$518.32
PNH Screen (CD59)	88184	\$102.39	\$107.92
SAP (XLP1)	88184	\$497.38	\$524.24
Soluble CD163	83520	\$619.50	\$652.95
Soluble IL-2R	83520	\$252.37	\$266.00
TCR ab/gd	88184, 88185x4, 88187	\$548.37	\$577.98
TCR Vbeta	88184, 88185x7, 88189	\$880.08	\$927.60
WASP	88184	\$229.60	\$242.00
XIAP (XLP2)	88184	\$479.00	\$504.87

**\*A 5.4% laboratory-wide price increase will become effective 7/1/2009**

### Laboratory Hours

The laboratory operates Monday through Friday, 8:30 am to 10 pm (Eastern Standard Time). We cannot accept deliveries on Saturdays or Sundays. To ensure the quality of our testing, specimens should arrive in our laboratory within 24 hours of being collected. We recommend priority overnight shipping. **Please call the laboratory with the name of the courier and the tracking number of the package.**

### Shipping / Handling

Samples should be sent at room temperature, unless otherwise noted on the test requisition form. Package securely to avoid breakage and extreme weather conditions. Please include a completed copy of our test requisition form with each sample. Please use a Diagnostic Specimen pack to ensure proper processing and timely delivery of samples to the lab. **Samples must be received in our laboratory within 24 hours of being drawn.** Plan the blood draw and shipping accordingly.