

FOR LABORATORY USE ONLY

Received by:

DIAGNOSTIC IMMUNOLOGY LABORATORY

Phone: 513-636-4685 • Fax: 513-636-3861 Lab Hours: Monday – Friday, 8 am – 5 pm EST www.cincinnatichildrens.org/DIL • CBDILabs@cchmc.org Ship First Overnight to:

CCHMC—CBDI Laboratories

DIL—RM R2328

3333 Burnet Ave., Cincinnati, OH 45229-3039

DIL — TEST REQUISITION FORM

		DAY WITHIN 1 DAY OF COLLECTION UN		
Patient Name (Last, First),,				
Medical Record Number:	C	Collection Date:///	Time of Sample:	
Gender: Male Female Relevant	Medications:			
BMT: Yes — Date://	No Unknown Diagnosis/reas	son for testing:		
TESTS OFFERED: MAX VOLUME L	ISTED IS THE PREFERRED V	WHOLE BLOOD VOLUME		
Alemtuzumab Plasma Level	2 – 3 mL Sodium Heparin See #5 on page 2	Neopterin, Plasma or CSF	1 – 3ml EDTA or 0.5-1ml CSF, See #3 or #4 on page 2	
ALPS Panel by Flow Need CBC/Diff result	1-3 ml EDTA, See #2 on page 2	Neutrophil Adhesion Mrkrs: CD18/11b	1 – 3ml EDTA	
Antigen Stimulation	See #1 on page 2	Neutrophil Oxidative Burst (DHR)	1 – 3ml EDTA	
Apoptosis (Fas, mediated) Note: Only draw Apoptosis on Wed. for Thurs. delivery	10 – 20 mL Sodium Heparin	NK Function (STRICT 28 HOUR CUT-OFF)	See #1 on page 2	
B Cell Panel Need CBC/Diff result	1 – 3ml EDTA, See #2 on page 2	Perforin/Granzyme B	1 – 3ml EDTA	
BAFF	1 – 3ml EDTA, See #4 on page 2	pSTAT5	1 – 3ml EDTA	
CD40L Expression / CD40-Ig Binding	3 – 5ml Sodium Heparin	S100A8/A9 Heterodimer	2 (0.3mL) Gold serum aliquots, frozen w/in 4 hours of collection	
CD45RA/RO	1 – 3ml EDTA	S100A12	2 (0.3mL) Gold serum aliquots, frozen w/in 4 hours of collection	
CD52 Expression CD107a Mobilization (NK Cell Degran) Note: Only draw CD107a Mon. – Wed.	1 – 3ml EDTA See #1 on page 2	SAP (XLP-1) and XIAP (XLP-2) (XIAP and SAP are now combined in one assay;	1 – 3ml Sodium Heparin	
CTL Function	See #1 on page 2	the tests are no longer offered independently)	4 0 15571 0 44	
CXCL9	2 (0.5ml) EDTA plasma aliquots,	Soluble CD163	1 – 2ml EDTA, See #4 on page 2	
Cytokines, Intracellular	frozen w/in 8 hours of collection 2 – 3ml Sodium Heparin	Soluble Fas-Ligand (sFasL)	1 – 3ml EDTA/Red/Gold, See #4 on page 2	
Cytokines (Circle One): Plasma or CSF Includes: IL-1b, 2, 4, 5, 6, 8, 10, IFN-g, TNF-a, and GM-CSF If sending frozen, 2 (0.5mL) EDTA plasma aliquots fr	3 – 5ml EDTA or 0.5-1ml CSF See #3 or #4 on page 2 ozen, preferred	Soluble IL-2R (Soluble CD25)	1 – 3ml EDTA, See #4 on page 2	
Foxp3 Need CBC/Diff result	1 – 3ml EDTA, See #2 on page 2	T Cell Degranulation Assay Note: Only draw T Cell Degran Mon. – Wed.	See #1 on page 2	
GM-CSF Autoantibody (GMAb)	1 – 3ml Red/Gold, See #4 on page 2		1 – 3mL of Sodium Heparin	
GM-CSF Receptor Stimulation	1 – 3ml Sodium Heparin	TCR α/β TCR γ/δ	(Please note: acceptable specimen type is Sodium Heparin, effective 7/26/2021.)	
iNKT	1 – 3ml EDTA	TCR V Beta Repertoire	2 – 3ml EDTA	
Interleukin–6, CIA (IL-6 CIA)	1 – 3ml EDTA, See #4 on page 2	Th-17 Enumeration	2 – 3ml Sodium Heparin	
Interleukin–18	3ml Red/Gold, See #4 on page 2	WASP	1 – 3ml Sodium Heparin	
If sending frozen, 2(0.2mL) red/gold serum aliquots frozen, preferred	om Nea/Gola, See #4 on page 2	WASP Transplant Monitor	1 – 3ml Sodium Heparin	
Interferon-alpha (IFN-alpha)	1 – 3ml EDTA/Red/Gold, See #4 on page 2	XIAP (XLP-2) and SAP (XLP-1) (XIAP and SAP are now combined in one assay; the	1 _ 3ml Sodium Honarin	
Lymphocyte Activation Markers	2 – 3ml Sodium Heparin	(XIAP and SAP are now combined in one assay; the tests are no longer offered independently)	r – Jilli Joululli Hepallii	
Lymphocyte Subsets	1 – 3ml EDTA	ZAP-70 (only for SCID)	1 – 3ml EDTA	
MHC Class I & II	1 – 3ml EDTA	Other:		
Mitogen Stimulation	See #1 on page 2			
REFERRING PHYSICIAN		BILLING & REPORTING INFORM	ATION	
		We do not bill patients or their insurance. Provide billi		
Physician Name (print):		Institution:	ing information here of on page 2.	
Phone: () Fax: ()		Address:		
Email:		City/State/ZIP:		
	Date: / /	Phone: ()		
Referring Physician Signature		1 Holle. ()	1 UA. (
NOTE: PLEASE SEE IMPORTANT TEST REQUIREMENT INFORMATION ON PAGE 2.				



Patient Name:	Date of Birth:	.//	

ADDITIONAL BILLING INFORMATION – CONTINUED FROM PAGE 1				
Institution:				
Address:				
City/State/ZIP:	Phone: () Fax: ()			
Contact Name:				
Phone: () Fax: ()	Email:			
SEND ADDITIONAL REPORTS TO:				
Name:	Name:			
Fax Number:	Fax Number:			

IMPORTANT TEST REQUIREMENT INFORMATION

- 1. Sodium Heparin blood is used for testing. Please review the Customized Volume Sheet on our website (www.cchmc.org/DIL) or call for adjusted volume requirements with an absolute lymphocyte count (ALC) of <1.0 K/uL. Tests affected: Antigen Stimulation, Mitogen Stimulation, CTL Function, NK Function, CD107a, and T Cell Degran.
- 2. Results of a concurrent CBC/Diff must accompany ALPS Panel, B Cell Panel, or Foxp3. (Results will be used to calculate absolute cell counts)
- 3. CSF Samples:
 - a) Fresh Specimens: Ship with frozen ice packs to keep at refrigeration temp (2–8°C/35–46°F) for receipt within 48 hours of collection.
 - b) Frozen Specimens: Freeze within 48 hours of collection. Ship samples frozen on dry ice.
- 4. Specimen Processing and Shipping Instructions only for tests marked with "See #4":
 - a) Unspun whole blood: Ship as unspun whole blood at Room Temperature (20–25° C) for receipt within 24 hours of collection.
 - b) Spun Specimens: Spin and remove serum/plasma from cells within 24 hours of collection. Freeze separated plasma/serum immediately. Ship frozen on dry ice. Once separated from cells, the serum/plasma must stay frozen until received by the DIL. Thawed samples will be rejected.
- 5. Specimen Processing and Shipping Instructions only for tests marked with "See #5":
 - a) Unspun whole blood: Ship as unspun whole blood at Room Temperature (20–25° C) for receipt within 5 days of collection. Chilled specimens will be rejected.
 - b) Spun Specimens: Spin at 2000 g for 10 minutes and remove test-required plasma from cells in 500 µL aliquots within 5 days of collection. Freeze separated plasma immediately. Two aliquots are preferred. Ship frozen on dry ice. Once separated from the cells, the plazma must remain frozen until recieved by the DIL.

Thawed samples will be rejected.

Additional Information

- Samples should be sent as whole blood at room temperature and received in our laboratory within 1 day of collection, unless otherwise indicated.
- First Overnight shipping is strongly recommended. Please call or fax the tracking number so that we may better track your specimen.

Laboratory Hours

- The laboratory operates Monday through Friday, 8 am 5 pm (Eastern Standard Time). We cannot accept deliveries on Saturdays, Sundays, and certain holidays.
- Please refer to the Clinical Lab Index for test-specific information including sample stability criteria and acceptable date/time arrival within operating hours.

Billing / Shipping / Handling

- The institution sending the sample is responsible for payment in full.
- Samples should be sent at room temperature unless otherwise indicated. Package securely to avoid breakage and extreme weather conditions. Please include a completed copy of our test requisition form with each sample. We recommend using a Diagnostic Specimen pack to ensure proper processing and timely delivery of samples to the lab.
- Samples must be received in our laboratory within 1 day of collection, unless otherwise indicated. Plan the draw and shipping accordingly. First Overnight is strongly recommended.
- · Please call the laboratory or fax the information of the name of the courier and tracking number of the package.

Questions?

Please call 513-636-4685 with any questions regarding collection or billing.

THE REQUISITION MUST BE FILLED OUT COMPLETELY. INCOMPLETE FORMS MAY RESULT IN THE COMPROMISE OF THE SPECIMEN INTEGRITY WHILE THE MISSING INFORMATION IS BEING OBTAINED

Visit our Clinical Lab Index at www.testmenu.com/cincinnatichildrens for detailed processing information.