

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

		Date of E	ILESS OTHERWISE INDICATED
		Collection Date:///	_ Time of Sample:
ender: Male Female Relevant	Medications:		
MT: Yes — Date: / /	No Unknown Diagnosis/rea	ason for testing:	
ESTS OFFERED: MAX VOLUME LI	STED IS THE PREFERRED	WHOLE BLOOD VOLUME	
12313 OTTERED. MAX VOCOME E	2 – 3 mL Sodium Heparin		1 – 3ml EDTA or 0.5-1ml CSF, See #3 o
Alemtuzumab Plasma Level	See #5 on page 2	Neopterin (Circle One): Plasma or CSF	#4 on page 2
ALPS Panel by Flow Need CBC/Diff result	$1-3\mathrm{ml}$ 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-lg 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
CD52 Expression	1 – 3ml EDTA	CAD (VID 4) and VIAD (VID 2)	w/in 4 hours of collection
CD107a Mobilization (NK Cell Degran) Note: Only draw CD107a Mon. – Wed.	See #1 on page 2	SAP (XLP-1) and XIAP (XLP-2) (XIAP and SAP are now combined in one assay; the tests are no longer offered independently)	1 – 3ml Sodium Heparin
CTL Function	See #1 on page 2	Soluble CD163	1 – 2ml EDTA, See #4 on page 2
CXCL9	2 (0.5ml) EDTA plasma aliquots, frozen w/in 8 hours of collection	Soluble CD103	, , , ,
Cytokines (Circle One): Plasma or CSF	3 – 5ml EDTA or 0.5-1ml CSF	Soluble Fas-Ligand (sFasL)	1 – 3ml EDTA/Red/Gold, See #4 on page 2
Includes: IL-1b, 2, 4, 5, 6, 8, 10, IFN-g, TNF-a, and GM-CSF See #3 or #4 on page 2		Calable III OD III a la la comi	
If sending frozen, 2 (0.5mL) EDTA plasma aliquots fro		Soluble IL-2R (Soluble CD25)	1 – 3ml EDTA, See #4 on page 2
Foxp3 Need CBC/Diff result GM-CSF Autoantibody (GMAb)	1 – 3ml EDTA, See #2 on page 2 1 – 3ml Red/Gold, See #4 on page 2	T Cell Degranulation Assay	See #1 on page 2
GM-CSF Receptor Stimulation	1 – 3ml Sodium Heparin	Note: Only draw T Cell Degran Mon. – Wed.	1 – 3mL of Sodium Heparin
iNKT	1 – 3ml EDTA	TCR α/β TCR γ/δ	(Please note: acceptable specimen type is
Interleukin–6, CIA (IL-6 CIA)	1 – 3ml EDTA, See #4 on page 2	TCR V Beta Repertoire	Sodium Heparin, effective 7/26/2021.) 2 – 3ml EDTA
Interleukin–18	==, p=g- =	Th-17 Enumeration	2 – 3ml Sodium Heparin
If sending frozen, 2(0.2mL) red/gold serum aliquots	3ml Red/Gold, See #4 on page 2	WASP	1 – 3ml Sodium Heparin
Interferon-alpha (IFN-alpha)	1 2ml FDTA/Dad/Cald San #4 on naga	WACD T	1 – 3ml Sodium Heparin
	1 – 3ml EDTA/Red/Gold, See #4 on page	XIAP (XLP-2) and SAP (XLP-1)	· om coalam ricpanii
Lymphocyte Activation Markers	2 – 3ml Sodium Heparin	(XIAP and SAP are now combined in one assay; the	1 – 3ml Sodium Heparin
Lymphocyte Subsets	1 – 3ml EDTA	tests are no longer offered independently) ZAP-70 (only for SCID)	1 – 3ml EDTA
MHC Class I & II	1 – 3ml EDTA	Other:	
Mitogen Stimulation	See #1 on page 2	Other.	
REFERRING PHYSICIAN		BILLING & REPORTING INFORM	ATION
nysician Name (print):		We do not bill patients or their insurance. Provide bill	ing information here or on page 2.
none: () Fax:	()	Institution:	
	11	Address:	
nail:		City/State/ZIP:	
	Date: / /	Phone: ()	Fax: ()
ferring Physician Signature			•



Patient Name:	Date of Birth:	/	/
Patient Name	Date of Birtii	- /	/

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.