

## DIL — TEST REQUISITION FORM

**MUST BE RECEIVED MONDAY – FRIDAY WITHIN 1 DAY OF COLLECTION UNLESS OTHERWISE INDICATED**

### PATIENT INFORMATION (STICKER ALSO ACCEPTED)

Patient Name (Last, First, MI): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Record #: \_\_\_\_\_ Collection Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Sample(HH:MM): \_\_\_\_\_

Legal Sex: ☐ Male ☐ Female BMT: ☐ Yes – Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ No ☐ Unknown Relevant Medications: \_\_\_\_\_

Diagnosis or reason for testing: \_\_\_\_\_

### TESTS OFFERED: THE MAX VOLUME LISTED IS THE PREFERRED WHOLE BLOOD VOLUME

<input type="checkbox"/> <b>Alemtuzumab Plasma Level</b> 2-3mL Sodium Heparin See #5 on page 2	<input type="checkbox"/> <b>Mitogen Stimulation</b> See #1 on page 2
<input type="checkbox"/> <b>ALPS Panel by Flow</b> <i>Need CBC/Diff result</i> 1-3ml EDTA – See #2 on page 2	<input type="checkbox"/> <b>Neopterin (Circle One): Plasma or CSF</b> 1-3ml EDTA or 0.5-1ml CSF See #3 or #4 on page 2
<input type="checkbox"/> <b>Antigen Stimulation</b> See #1 Below	<input type="checkbox"/> <b>Neutrophil Adhesion Mrks: CD18/11b</b> 1-3ml EDTA
<input type="checkbox"/> <b>Apoptosis (Fas, mediated)</b> 10-20ml ACD-A <b>Note: Only draw Apoptosis on Wednesday for Thursday delivery</b>	<input type="checkbox"/> <b>Neutrophil Oxidative Burst (DHR)</b> 1-3ml EDTA
<input type="checkbox"/> <b>B Cell Panel</b> <i>Need CBC/Diff result</i> 1-3ml EDTA – See #2 on page 2	<input type="checkbox"/> <b>NK Function (STRICT 28 HOUR CUT-OFF)</b> See #1 on page 2
<input type="checkbox"/> <b>BAFF</b> 1-3ml EDTA – See #4 on page 2	<input type="checkbox"/> <b>Perforin/Granzyme B</b> 1-3ml EDTA
<input type="checkbox"/> <b>CD40L / CD40FP / ICOS</b> 3-5ml Sodium Heparin	<input type="checkbox"/> <b>pSTAT5</b> 1-3ml EDTA
<input type="checkbox"/> <b>CD45RA/RO</b> 1-3ml EDTA	<input type="checkbox"/> <b>S100A8/A9 Heterodimer</b> 2 (0.3mL) Gold serum aliquots, frozen w/in 4 hours of collection
<input type="checkbox"/> <b>CD52 Expression</b> 1-3ml EDTA	<input type="checkbox"/> <b>S100A12</b> 2 (0.3mL) Gold serum aliquots, frozen w/in 4 hours of collection
<input type="checkbox"/> <b>CD107a Mobilization (NK Cell Degran)</b> See #1 on page 2 <b>Note: Only draw CD107a Monday – Wednesday</b>	<input type="checkbox"/> <b>SAP (XLP1)</b> 1-3ml Sodium Heparin
<input type="checkbox"/> <b>CTL Function</b> See #1 on page 2	<input type="checkbox"/> <b>Soluble CD163</b> 1-2ml EDTA - See #4 on page 2
<input type="checkbox"/> <b>CXCL9</b> 2 (0.5ml) EDTA plasma aliquots, frozen w/in 8 hours of collection	<input type="checkbox"/> <b>Soluble Fas-Ligand (sFasL)</b> 1-3ml EDTA/Red/Gold - See #4 on page 2
<input type="checkbox"/> <b>Cytokines, Intracellular</b> 2-3ml Sodium Heparin	<input type="checkbox"/> <b>Soluble IL-2R (Soluble CD25)</b> 1-3ml EDTA - See #4 on page 2
<input type="checkbox"/> <b>Cytokines (Circle One): Plasma or CSF</b> 3-5ml EDTA or 0.5-1ml CSF See #3 or #4 on page 2 <i>Includes: IL-1b, 2, 4, 5, 6, 8, 10, IFN-g, TNF-a, and GM-CSF</i> <b>If sending frozen, 2 (0.5mL) EDTA plasma aliquots frozen, preferred</b>	<input type="checkbox"/> <b>TCR α/β TCR γ/δ</b> 1-3ml EDTA
<input type="checkbox"/> <b>Foxp3</b> <i>Need CBC/Diff result</i> 1-3ml EDTA – See #2 on page 2	<input type="checkbox"/> <b>T Cell Degranulation Assay</b> See #1 on page 2 <b>Note: Only draw T Cell Degran Monday – Wednesday</b>
<input type="checkbox"/> <b>GM-CSF Autoantibody (GMAb)</b> 1-3ml Red/Gold - See #4 on page 2	<input type="checkbox"/> <b>TCR V Beta Repertoire</b> 2-3ml EDTA
<input type="checkbox"/> <b>GM-CSF Receptor Stimulation</b> 1-3ml Sodium Heparin	<input type="checkbox"/> <b>Th-17 Enumeration</b> 2-3ml Sodium Heparin
<input type="checkbox"/> <b>iNKT</b> 1-3ml EDTA	<input type="checkbox"/> <b>WASP</b> 1-3ml Sodium Heparin
<input type="checkbox"/> <b>Interleukin-18 (IL-18)</b> 3ml Red/Gold - See #4 on page 2 <b>If sending frozen, 2(0.3mL) red/gold serum aliquots frozen, preferred</b>	<input type="checkbox"/> <b>WASP Transplant Monitor</b> 1-3ml Sodium Heparin
<input type="checkbox"/> <b>Lymphocyte Activation Markers</b> 2-3ml Sodium Heparin	<input type="checkbox"/> <b>XIAP (XLP2)</b> 1-3ml EDTA
<input type="checkbox"/> <b>Lymphocyte Subsets</b> 1-3ml EDTA	<input type="checkbox"/> <b>ZAP-70 (only for SCID)</b> 1-3ml EDTA
<input type="checkbox"/> <b>MHC Class I &amp; II</b> 1-3ml EDTA	<input type="checkbox"/> <b>Other:</b> _____

### REFERRING PHYSICIAN

Physician Name (print): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Referring Physician Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### BILLING & REPORTING INFORMATION

**We do not bill patients or their insurance. Provide billing information here or on page 2.**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

## 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: \_\_\_\_\_

### Laboratory Information

1. 5-10ml Sodium Heparin blood per test should be adequate for most patients unless they are lymphopenic. If you have volume constraints or an absolute lymphocyte count (ALC) of <1.0 K/uL, please see the Customized Volume Sheet on our website ([www.cchmc.org/DIL](http://www.cchmc.org/DIL)) or call for adjusted volume requirements for the following tests: Antigen Stimulation, Mitogen Stimulation, CTL Function, NK Function, CD107a, or 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 for receipt within 24 hours of collection.  
b) Spun Specimens: See test line for acceptable specimen types. Spin and remove test-required serum or plasma from cells within 24 hours of collection. Freeze the separated plasma or serum immediately. Two aliquots per test are preferred. Ship frozen on dry ice. Once separated from cells, the serum or 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 min and remove test-required plasma from cells in 500 µL aliquots within 5 days of collection. Freeze the separated plasma immediately. Two aliquots are preferred. Ship frozen on dry ice. Once separated from cells, the plasma must stay frozen until received by the DIL. Thawed samples will be rejected.

Visit our Clinical Lab Index at [www.testmenu.com/cincinnatichildrens](http://www.testmenu.com/cincinnatichildrens) for detailed processing and testing information.

### Additional Shipping & Handling Information

- **Testing is not performed and samples cannot be received on Saturdays/Sundays and certain holidays.**
- Samples should be sent as whole blood at room temperature and received in our laboratory within 1 day of collection, unless otherwise indicated. We recommend using a Diagnostic Specimen pack to ensure proper processing and timely delivery of samples to the lab.
- Call with any questions or help with minimizing collection requirements.
- Package securely to avoid breakage and extreme weather conditions.
- Include a completed copy of our test requisition form with each sample.
- First Overnight shipping is strongly recommended. Please call, email or fax the tracking number so that we may better track your specimen.

### Billing Information

- The institution sending the sample is responsible for payment in full.
- We do not third-party bill patient insurance.

### Laboratory Information

- Hours: Monday through Friday, 8:00 AM to 5:00 PM (Eastern Standard Time). Closed on Weekends and some major holidays.
- Phone: 513-636-4685
- Fax: 513-636-3861
- Email: [CBDLabs@cchmc.org](mailto:CBDLabs@cchmc.org)

### 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\*\***