Ship to: Nationwide Children's Hospital
Laboratory Services Room C1955
Attention: Diagnostic Immunology Lab
700 Children's Drive,
Columbus, OH 43205
P: (800) 934-6575 F: (877) 722-5478

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

DIAGNOSTIC IMMUNOLOGY TESTING

A Jeffrey Modell Foundation Diagnostic and Research Center for Primary Immunodeficiencies

PATIENT INFORMATION (Please Print)				SPECIMEN INFORMATION (Please Print)
Legal Last Name:	First Name:		MI:	Collection Date:
MRN/ Patient ID:	DOB:	Race:	Ethnicity:	Time: ☐AM ☐PM
Address:				Collected By (Full Name):
City:	State:		Zip:	Storage Temp (check test for sample storage):
Phone #:	Sex: ☐Male ☐Female	ICD-10 Code:		☐Refrigerated ☐Frozen ☐Room Temperature
Clinical History:				

FLOW CYTOMETRY

	Test	Tube Type	Volume
Immunoph-enotyping	☐ Lymphocyte Subset (T, B, NK Cells) Quantitation (**TBNK**)	EDTA	2 mL
	☐ STAT, Lymphocyte Subset (T, B, NK Cells) Quantitation Transplant (**TBNKTX**)	EDTA	2 mL
	☐ Lymphocyte Subset (T, B NK Cells) Quantitation, BAL (**TBNKBL**)	EDTA	2 mL
	☐ Total B Cell (CD19, CD20) Quantitation (**TBCQN**)	EDTA	2 mL
	☐ T cell Activation Panel with TBNK (**TACPP**)	EDTA	2 mL
	☐ T cell Senescence and Exhaustion Panel with TBNK (**TSEPP**)	EDTA	2 mL
	☐ T cell Naive and Memory Panel includes CD4RTE with TBNK (**TNMPP**)	EDTA	2 mL
	☐ Comprehensive B cell Naive and Memory Panel with TBNK (**BMDPP**)	EDTA	2 mL
	☐ Autoimmune and Lymphoproliferative Disease/Syndromes Panel with BMDPP and TBNK (**AALPDS**)	EDTA	2 mL
Functional	☐ DNA Repair Assessment (**DDRFL**) See Page 2 ***Patient Form**	Sodium Heparin	**Contact Lab**
	☐ Type I/II IFN Panel in Monocytes (**T1A2MP**) See page 2 ***Patient Form**	EDTA	2 mL
	☐ Granulocyte Oxidative Burst Panel (**GOBP**) (DHR assay)	Sodium Heparin	2 mL

IMMUNOASSAYS & CELLULAR ASSESSMENT

	Test	Tube Type	Volume
Routine	☐ Adenosine Deaminase 2 Enzyme Activity Assay (**ADA2**) ***Patient Form**	Red Top	2 mL
	☐ Interleukin-6 Quantitation, Routine (**IL6N**)	For these test options: Collect **2mL (1mL min)** of blood in a **red top** tube. Process whole blood and **separate serum**. Serum should be **frozen immediately** after clotting and separation from whole blood via centrifugation in aliquots not exceeding 500uL per vial. Serum should be processed **within 2h of blood collection.**	
	☐ Interleukin-1 Beta Quantitation, Routine (**IL1BN**)		
	☐ Tumor Necrosis Factor Alpha Quantitation Routine (**TNFAN**)		
	☐ Interleukin-18, Routine (**IL18N**)		
	☐ Soluble IL-2Ra (CD25), Routine (**SIL2RN**)		
Urgent	☐ Interleukin-6 Quantitation, STAT (**IL6U**)		
	☐ Interleukin-1 Beta Quatitation, STAT (**IL1BU**)		
	☐ Tumor Necrosis Factor Alpha Quantitation, STAT (**TNFAU**)		
	☐ Interleukin-18, STAT (**IL18U**)		
	☐ Soluble IL-2Ra (CD25), STAT (**SIL2RU**)		
	☐ Chemokine ligand 9, STAT (**CXCL9U**)		
Batteries	☐ Innate Immune Activation Cytokines, Routine (**IIAC**) IL1BN, IL18N, TNFAN, IL6N		
	☐ HLH Cytokine Panel Urgent, STAT (**DILHLU**) SIL2RU, CXCL9U, IL18U		
	☐ Cytokine Panel Urgent, STAT (**DILCYU**) TNFAU, IL1BU, IL6U, IL18U, SIL2RU		
	☐ Cytokine Panel, Routine (**DILCYT**) TNFAN, IL1BN, IL6N, IL18N, SIL2RN		
Functional	☐ Functional innate immune panel for inflammasome and canonical NFkB pathways (**FINNPC**) See page 2 **Contact lab for scheduling** ***Patient Form**	Sodium Heparin	10 mL
	☐ Functional assessment of canonical NFkB pathway and TLR4 (**FINNPN**) See page 2 **Contact lab for scheduling** ***Patient Form**	Sodium Heparin	10 mL

INSTITUTION INFORMATION (Please Print)	REQUESTING PHYSICIAN INFORMATION (Please Print)
Institution/Hospital/Lab Name:	Physician Name:
Contact Name:	Signature:
Phone#: Fax:	Address:
Address:	City: State: Zip:
City: State: Zip:	Email:
NCH Client Code (if known):	Phone #: Fax:

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

Ship to: Nationwide Children's Hospital
Laboratory Services Room C1955
Attention: Diagnostic Immunology Lab
700 Children's Drive,
Columbus, OH 43205
P: (800) 934-6575 F: (877) 722-5478

DIAGNOSTIC IMMUNOLOGY TESTING

A Jeffrey Modell Foundation Diagnostic and Research Center for Primary Immunodeficiencies

BILLING INFORMATION (Please Print)
(Please mark and fill either **Part A OR Part B** depending on whether a patient or institutional billing is required)

☐ **PART A:** PATIENT/ GUARDIAN/ PARENT BILLING INFORMATION

Patient/Guardian Legal Last Name:	
Patient/Guardian First Name:	MI:
Patient Relationship:	
Guardian Contact Phone #:	
Subscriber Legal Last Name:	
Subscriber First Name and MI:	
Subscriber DOB:	Sex: ☐ Male ☐ Female
Subscriber Social Security #:	
Subscriber Phone #:	
Subscriber Address (if different from patient):	
Insurance Co. Name:	
Policy #:	Group #:
Insurance Address:	
Secondary Insurance Co. Name:	

OR

☐ **PART B:** INSTITUTIONAL BILLING

IMPORTANT TEST REQUIREMENT INFORMATION

- **Peripheral Blood Specimens:** Ship/send at ambient (room) temperature on the day of sample collection.
- **BAL Specimens**: Ship/send at refrigerated temperature.
- **DDRFL:** Sodium Heparin blood is used for testing. At least 6 mL of sample is required for testing. Blood volume depends on the ALC. Contact Lab to discuss. Diagnostic Immunology Lab should be notified about the shipment of samples for DDRFL assay and tracking number by calling (614)722-2994 or emailing LabDiagnosticImmunology@nationwidechildrens.org Test should be drawn **Monday-Wednesday** and samples should arrive no later than 12pm on Thursday. For urgent cases, please contact the Lab Director of DIL at (800)934-6575 for organizing exceptions to this shipping policy. Please complete and send the **patient form** with the samples.
- **ADA2:** Red top whole blood (4°C) or frozen serum can be sent for testing. Please complete and send the **patient form** with the samples.
- **T1A2MP:** EDTA whole blood is used for testing. Please complete and send the **patient form** with the samples.
- **FINNPC & FINNPN:** Sodium Heparin blood is used for testing. FINNPN tests must be scheduled in advance with the laboratory. The assay will be performed only once a week. Blood must always be collected on **Monday- Wednesday** and sent by courier or FedEx First Overnight to ensure samples arrive in the lab either by the same day (Monday) or the next day, based on blood draw date, i.e. Tuesday-Thursday. For critically ill patients or those with severe leukopenia, contact Lab Director to coordinate blood volume and testing, based on clinical urgency. Sodium Heparin blood should be sent at ambient temperature. Samples sent without prior coordination with the laboratory will be canceled. Please complete and send the **patient form** with the samples.

SENDING BLOOD SAMPLES FOR FLOW CYTOMETRY AND CYTOKINES

- Complete the **test information form** (for T1A2MP, FINNPC, FINNPN, DDRFL). Check the requisition form for information on **tube type, volume of sample, days of blood collection, etc.**
- Label the patient sample with the patient's full name, date of birth, collection date and time, and the collector name. Securely attach the label to the sample.
- Once the sample has been collected and labeled, package the sample according to shipping regulations. Please verify the **sample stability** and **temperature requirements** for the testing being ordered, by checking our Test Directory.
- Include the completed test requisition and test information forms, along with the sample inside the shipping box. Please ship samples by **Priority Shipping.**
- Ship the sample to the following address:

  Nationwide Children's Laboratory Services
  Attn:
  Diagnostic Immunology Laboratory
  700 Children's Drive
  Lab CPA C1955
  Columbus, Ohio 43205
  Phone: 800-934-6575

- E-mail the tracking number to LabDiagnosticImmunology@nationwidechildrens.org

**** International clients** are responsible for all charges incurred during shipping and custom brokerage. Please consult local custom authorities to ensure proper shipping guidelines.
Please contact Laboratory Services at 1-800-934-6575 with any questions.

Visit our Test Directory at https://www.testmenu.com/nationwidechildrens for additional information.