

DIAGNOSTIC IMMUNOLOGY TESTING

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

jm 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:	
MRN/ Patient ID:		DOB:		Race:	
Address:		City:		State:	
Phone #:		Sex: Male Female		ICD-10 Code:	
Clinical History:				Collection Date:	
				Time: AM PM	
				Collected By (Full Name):	
				Storage Temp (check test for sample storage):	
				Refrigerated Frozen Room Temperature	

FLOW CYTOMETRY				IMMUNOASSAYS & CELLULAR ASSESSMENT							
Test		Tube Type	Volume	Test		Tube Type	Volume				
Immunophenotyping	<input type="checkbox"/> Lymphocyte Subset (T, B, NK Cells) Quantitation (TBNK)	EDTA	2mL	Routine	<input type="checkbox"/> 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 .					
	<input type="checkbox"/> STAT, Lymphocyte Subset (T, B, NK Cells) Quantitation Transplant (TBNKTX)	EDTA	2mL		<input type="checkbox"/> Interleukin-1 Beta Quantitation, Routine (IL1BN)						
	<input type="checkbox"/> Lymphocyte Subset (T, B NK Cells) Quantitation, BAL (TBNKBL)	EDTA	2mL		<input type="checkbox"/> Tumor Necrosis Factor Alpha Quantitation Routine (TNFAN)						
	<input type="checkbox"/> Total B Cell (CD19, CD20) Quantitation (TBCQN)	EDTA	2mL		<input type="checkbox"/> Interleukin-18, Routine (IL18N)						
	<input type="checkbox"/> T-cell Naive and Memory Panel includes CD4RTE and TBNK (TNMPP)	EDTA	2mL		<input type="checkbox"/> Soluble IL-2Ra (CD25), Routine (SIL2RN)						
	<input type="checkbox"/> Comprehensive B-cell Naive and Memory Panel and TBNK (BMDPP)	EDTA	2mL		<input type="checkbox"/> Interleukin-6 Quantitation, STAT (IL6U)						
	<input type="checkbox"/> Autoimmune and Lymphoproliferative Disease/Syndromes Panel with BMDPP (AALPDS)	EDTA	2mL		<input type="checkbox"/> Interleukin-1 Beta Quatitation, STAT (IL1BU)						
Functional	<input type="checkbox"/> DNA Repair Assessment (DDRFL) <i>See Page 2 *Patient Form</i>	Sodium Heparin	Contact Lab	Urgent	<input type="checkbox"/> Tumor Necrosis Factor Alpha Quantitation, STAT (TNFAU)			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 .			
	<input type="checkbox"/> Type I/II IFN Panel in Monocytes (T1A2MP) <i>See page 2 *Patient Form</i>	EDTA	2mL		<input type="checkbox"/> Interleukin-18, STAT (IL18U)						
	<input type="checkbox"/> Granulocyte Oxidative Burst Panel (GOBP) (DHR assay)	Sodium Heparin	2mL		<input type="checkbox"/> Soluble IL-2Ra (CD25), STAT (SIL2RU)						
				Batteries	<input type="checkbox"/> Chemokine ligand 9, STAT (CXCL9U)					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 .	
					<input type="checkbox"/> Innate Immune Activation Cytokines, Routine (IIAC) IL1BN, IL18N, TNFAN, IL6N						
					<input type="checkbox"/> HLH Cytokine Panel Urgent, STAT (DILHLU) SIL2RU, CXCL9U, IL18U						
					<input type="checkbox"/> Cytokine Panel Urgent, STAT (DILCYU) TNFAU, IL1BU, IL6U, IL18U, SIL2RU						
				<input type="checkbox"/> Cytokine Panel, Routine (DILCYT) TNFAN, IL1BN, IL6N, IL18N, SIL2RN							
				Functional	<input type="checkbox"/> Functional innate immune panel for inflammasome and canonical NFkB pathways (FINNPC) <i>See page 2 Contact lab for scheduling *Patient Form</i>	Sodium Heparin	10 mL				
					<input type="checkbox"/> Functional assessment of canonical NFkB pathway and TLR4 (FINNPN) <i>See page 2 Contact lab for scheduling *Patient Form</i>	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:	Email:		
NCH Client Code (if known):			Phone #:		Fax:

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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		OR	PART B: INSTITUTIONAL BILLING
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:			

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.
- **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 requisition. 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 blood has been collected and labeled, package the sample according to shipping regulations.
- Include the completed test requisition along with the sample inside the shipping box.
- Be sure to include 3-4 room temp gel packs in the shipping box so room temperature is maintained during transport.
- Package the sample and contents according to shipping regulations for "FedEx First Overnight" shipping.
- Complete a FedEx form and any other required documents to ship the package "FedEx First Overnight". The FedEx shipping charges can be billed to our account. Please contact us for the account number.
- Ship the sample to the following address:
Nationwide Children's Laboratory Services
Attn: Dr. Roshini Abraham
Diagnostic Immunology Laboratory
700 Children's Drive
Lab CPA C1955
Columbus, Ohio 43205
Phone: 800-934-6575
- If you do not have local pickup services, please call **1-800-238-5355** to arrange for pickup by Federal Express.
- E-mail the FedEx tracking number to LabDiagnosticImmunology@nationwidechildrens.org

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.