Children's Hospital Colorado

Immunophenotyping & Immune Function Laboratory

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Shipping Address:
Children's Hospital Colorado
Clinical Laboratory, Lower Level
13123 E 16th Ave, Room B0200
Aurora, CO 80045

Submitting Institution Information

Institution:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Contact Name:		
Phone:	Email:	

Patient Information

Patient's Last Name	First	Middle
DOB:	Sex:	Gender:
Diagnosis:		
Ordering Provider (Last, First, Middle Initial):		
NPI:	Phone:	
Email:	Fax:	

☐ **Patient Insurance Billing Disclaimer:** A face sheet that includes full patient demographics and insurance information is required. A copy of the front and back of the insurance is also acceptable. If these items are not provided, it could delay testing or the submitting provider could be responsible for payment.

☐ **Client/Institutional Billing Disclaimer:** By submitting this Requisition Form to CHCO, you are acknowledging and agree to our standard Terms and Conditions and agree to pay CHCO the rates associated with our standard fee schedule in effect on the day the specimen is received.

Required Specimen Information

Date Collected:	Time Collected: AM/PM	External ID:

Specimen Source: Blood Other: _____

Testing Information

LYMPHOCYTE PHENOTYPING			**B CELL PHONTYPING**		
☐	TBNK (% and absolute counts of CD3, CD4, CD8, CD19, NK, and CD4:CD8 ratio)	LAB7755*	☐	Rituximab Panel (% and absolute counts of CD19+ and CD20+ B cells)	LAB7752*
☐	TBNK w/Monocyte and NK Subsets (% and absolute counts of CD3, CD4, CD8, CD19, NK, and CD4:CD8 ratio, and percentages of NK and monocyte subsets).	LAB10580	☐	Naïve/Memory B Cell Panel (% naïve, memory, transitional, CD21lo B Cells, and plasmablasts)	LAB10507
T CELL PHENOTYPING			☐	Comprehensive B cell panel (% naïve, memory, transitional, CD21lo B cells, and plasmablasts)	LAB9066
☐	T Cell Subsets (% and absolute counts of CD3, CD4, CD8 T cells, and CD4:CD8 ratio)	LAB7756*	**NEUTROPHIL ASSAYS**		
☐	TCR Subsets (% TCR alpha/beta and TCR gamma/delta T cells)	LAB8537	☐	Neutrophil oxidative burst (DHR)	LAB7757**
☐	Naïve/Memory/RTE (% naïve, memory, Tcm, Tcm and TemRA CD4 and CD8 T cells, and recent thymic emigrants)	LAB8495	☐	Leukocyte Adhesion Deficiency 1 analysis (CD18, CD11b)	LAB9067
☐	Regulatory T cells (%FOXP3+CD25hiCD127loCD4+ T cells)	LAB9111	**MISCELLANEOUS**		
☐	T follicular helper cells (%CXCR5+CD4+ T cells)	LAB9410	☐	Perforin expression in NK and CD8 T Cells	LAB9360
☐	Activated (% HLADR+CD38+), Exhausted (PD-1+), and Senescent (CD57+) CD4 and CD8 T cells	LAB9496	☐	Double negative T Cells (ALPS)	LAB8532
T CELL FUNCTION (by Flow Cytometry)			**CYTOKINES**		
☐	T cell proliferation to PHA	LAB9101**	☐	Soluble CD25 (sIL2Ra)	LAB10501
☐	T cell proliferation to tetanus toxoid	LAB9748**	☐	Proinflammatory cytokines (IL-1-beta, IL-2, IL-6, TNF-alpha)	LAB10055
☐	T cell proliferation to anti-CD3+antiCD28 or IL-2	LAB9969**	☐	HLH/MAS Panel (CXCL-9, IFNg, IL-18)	LAB10440

* CBC with differential within 24 hours of collection must be provided or a CBC will be performed (LAB7729)

** A date matched sample from a healthy control should be sent with the patient's sample

For additional questions, please reach out to LabClientServices@childrenscolorado.org