Children's Hospital Los Angeles
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Institution/Contract

Ship Specimens to:
Department of Pathology and Laboratory Medicine
Duque Building, 2nd Floor, Room 2-290
Children's Hospital Los Angeles
4650 Sunset Blvd.
Los Angeles, CA 90027

IMMUNOLOGY TEST REQUISITION FORM

All information must be completed before sample can be processed.

PATIENT INFORMATION

Patient Name: _____
(Last, First)
MRN #:_____ DOB:____/_____/_____
Gender: □ M □ F

REPORTING INFORMATION

Hospital/Laboratory Name:
Ordering Physician: _____
Contact Number: _____
Address: ATTN: _____
_____
_____
Phone: _____
Fax: _____
Email: _____

DIAGNOSIS *

_____
_____
* While your diagnosis may be presumptive, the diagnosis should be sufficient to establish the medical necessity for the test.

SPECIMEN INFORMATION

Collection Date: _____Collection Time: _____
Specimen ID#: _____

BILLING INFORMATION

CHLA Account Number*:
Hospital/Laboratory Name:
Accounts Payable Contact Name: ATTN: _____
Email: _____
Address: _____
_____
_____
Phone: _____
Fax: _____

TEST REQUEST (CPT CODE) SPECIMEN TYPE

		FLOW CYTOMETRY	CPT
□	L	T-Cell Extended (CD3, CD4, CD8, CD4:CD8 ratio, CD3-CD19+, CD3-16/56+, CD3 HLA-DR) [min. 1.5 mL EDTA; optimal 3 mL whole blood]	86359, 86360, 86355, 86356, 86357, 86361
□	L	T-Cell Standard (CD3, CD4, CD8, CD4:CD8 ratio, CD3HLA-DR) [min. 1.5 mL EDTA, optimal 3 mL]	86359, 86360, 86356
□	Gr	CGD Flow (DHR)	82657, 88184
□	L	B Cell Subsets	86356 x 3, 86355
□	L	Naïve T Cells + T-Cell Extended	86356 x 5, 86360 x2, 86359, 86355, 86357, 86361
□	L	Regulatory T Cells	86356 x 3
□	L	Activated T Cells	86356 x 6
□	L	ALPS Panel Flow	86356 x5
		LYMPHOCYTE PROLIFERATION ASSAY	CPT
□	Gr	Mitogen Blastogenesis Panel (PHA, PWM, CON A) [min. 6cc Sodium Heparin] *Note: Each component can be ordered separately	83635 x 5
□	Gr	CD3 Lymphocyte Proliferation	86353
□	Gr	Tetanus Lymphocyte Proliferation	86353
□	Gr	Candida Lymphocyte Proliferation	86353
□	Gr	CMV Lymphocyte Proliferation	86353
□	Gr	HSV Lymphocyte Proliferation	86353
□	Gr	VZV Lymphocyte Proliferation	86353
□	Gr	ADV Lymphocyte Proliferation	86353
		ELECTROPHORESIS	CPT
□	L	Hemoglobin Electrophoresis (note: If abnormal, will reflex to Hemoglobin Acid Electrophoresis)	83020

		SYPHILIS SEROLOGIES	CPT
□	R	RPR Reflex Quantitative (note: 1st time positives, reflex to FTA)	86592
□	R	Fluorescent Treponemal Antibody (FTA)	86780
		SERUM PROTEIN CHEMISTRIES	CPT
□	R	A1AT (Alpha-1 Antitrypsin)	82103
□	R	Ceruloplasmin	82390
□	R	Immunoglobulin A (IgA)	82784
□	R	Immunoglobulin G (IgG)	82784
□	R	Immunoglobulin M (IgM)	82784
□	R	ASO	86060
□	R	Transferrin	84466
□	R	Prealbumin	84134
□	R	Haptoglobin	83010
□	R	Complement 3 C(3)	86160
□	R	Complement 4 C(4)	86160
		AUTO-IMMUNE ANTIBODES	CPT
□	R	Thyroid Peroxidase Antibody (Anti-TPO)	86376
□	R	Thyroglobulin Antibody (TgAb)	86800
□	R	Cardiolipin Antibody Panel (Cardiolipin IgA, IgG, IgM) *Note: Each component can be	86147 x 3
□	R	Beta 2 Glycoprotein I Antibody Panel (Beta 2 Glycoprotein IgA, IgG, IgM) *Note: Each	86146 x 3
		ALLERGY	CPT
□	R	Allergen Specific IgE (Refer to Allergy Requi-	86003
□	R	Immunoglobulin E Total (Total IgE)	82785
		OTHER	CPT
□	R	CH50	86162
□	Gr	Plasma Hemoglobin	83051
□	R	Mononucleosis Screen	86308
□	R	Antinuclear Antibody (ANA)	86038

		ELISA	CPT
□	R	EBV Panel *Note: Each component can be ordered separately (VCA IgM, VCA IgG &	86665 x 2, 86664
□	R	Tetanus Antibody Titer	86774
□	R	PRP Antibody Titer	86684
□	R	Double Stranded DNA Antibody	86225
□	R	CMV IgG	86644
□	R	Rubella IgG	86762
□	R	Toxoplasma IgG	86777
□	R	Herpes Simplex 1	86695 x 1
□	R	Herpes Simplex 2	86696 x 1
□	R	Measles IgG	86765
□	R	Varicella Zoster Virus (VZV) IgG	86787
□	R	Celiac Diagnostic Panel (Total serum IgA, tTG-IgA, tTG-IgG, Deamidated Gliadin IgA, Deamidated Gliadin IgG) *Note: Each component can be ordered separately	83516 x 4, 82784
□	R	Celiac Screening Panel (Total serum IgA, tTG -IgA, Deamidated Gliadin IgA)	82784, 83516
□	O	Calprotectin	83993
□	R	Centromere Antibody	86235
□	R	RNP Antibody	86235
□	R	SS-A Antibody	86235
□	R	SS-B Antibody	86235
□	R	Smith (Sm) Antibody	86235

***Note:** These tests were developed and validated by CHLA according to CLIA requirements. These tests have not been cleared or approved by the U.S. Food and Drug Administration.

Tube Color: L-Lavender/EDTA, G-Gold, R-Red, Gr-Green/Sodium Heparin, O-Other