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**Primary Care Physician**

**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.

|  |         |  |   |  |                   |  |     |
|--|---------|--|---|--|-------------------|--|-----|
| <input type="checkbox"/> <b>STAT</b>   |         | <input type="checkbox"/> <b>CALL RESULTS</b>                               |   | <input type="checkbox"/> <b>FAX RESULTS</b>  |                   | <b>*RED TEXT REQUIRED FIELDS</b>                       |     |
| Patient's Legal Name (Last, First, MI)   |         |  |   | Physician Name (Last, First, MI)   |                   |  |     |
| Date of Birth (Mo/Day/Year)  |         | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Phone Number  |  | Physician Address |  |     |
| Address  |         |  |   | City   | State             |  | Zip |
| City   |         | State  |   | Zip  |                   | Physician Office Number / Physician Fax Number         |     |
| Bill To: <input type="checkbox"/> INSURANCE <input type="checkbox"/> PATIENT <input type="checkbox"/> PHY OFFICE |         | Insurance Co. Name & Network Info  |   | Practice Name  |                   |  |     |
| Responsible Party Name (Last, First)   |         |  | Uninsured<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Additional Reports To: <input type="checkbox"/> Phone Results <input type="checkbox"/> Fax Results |                   | Fasting HRS _____ <input type="checkbox"/> Non Fasting |     |
| Insured/Subscriber Name  |         | Date of Birth (Mo/Day/Year)  |   | Diagnosis Code(s):   |                   |  |     |
| Member/Policy/ID#  | Group # | Authorization #  |   | Physician Signature  |                   |  |     |

**TEST REQUEST (CPT CODE) SPECIMEN TYPE**

| FLOW CYTOMETRY                        |    | CPT   | SYPHILIS SEROLOGIES                      |                                  | CPT                      | ELISA  |  | CPT                      |                          |   |                     |           |
|---------------------------------------|----|---|--|----------------------------------|--------------------------|--|--|--------------------------|--------------------------|---|---------------------|-----------|
| <input type="checkbox"/>              | L  | T-Cell Extended (CD3, CD4, CD8, CD4:CD8 ratio, CD3-CD19+, CD3-16/56+, CD3 HLA-DR) [min. 3mL EDTA; optimal 5 mL whole blood] | 86359, 86360, 86355, 86356, 86357, 86361 | <input type="checkbox"/>         | R                        | RPR Reflex Quantitative (note: 1st time positives, reflex to FTA)                                      | 86592  | <input type="checkbox"/> | R                        | EBV Panel *Note: Each component can be ordered separately (VCA IgM, VCA IgG & EBV EA IgA)   | 86665 x 2, 86664    |           |
| <input type="checkbox"/>              | L  | T-Cell Standard (CD3, CD4, CD8, CD4:CD8 ratio, CD3HLA-DR) [min. 1.5 mL EDTA, optimal 3 mL]                                  | 86359, 86360, 86356                      | <input type="checkbox"/>         | R                        | Fluorescent Treponemal Antibody (FTA)  | 86780  | <input type="checkbox"/> | R                        | Tetanus Antibody Titer  | 86774               |           |
| <input type="checkbox"/>              | Gr | CGD Flow (DHR)  | 82657, 88184                             | <b>SERUM PROTEIN CHEMISTRIES</b> |                          | <b>CPT</b>   |  | <input type="checkbox"/> | R                        | PRP Antibody Titer  | 86684               |           |
| <input type="checkbox"/>              | L  | B Cell Subsets  | 86356 x 3, 86355                         | <input type="checkbox"/>         | R                        | A1AT (Alpha-1 Antitrypsin)   | 82103  | <input type="checkbox"/> | R                        | Double Stranded DNA Antibody  | 86225               |           |
| <input type="checkbox"/>              | L  | Naive T Cells   | 86356 x 4, 86360                         | <input type="checkbox"/>         | R                        | Ceruloplasmin  | 82390  | <input type="checkbox"/> | R                        | CMV IgG   | 86644               |           |
| <input type="checkbox"/>              | L  | Regulatory T Cells  | 86356 x 3                                | <input type="checkbox"/>         | R                        | Immunoglobulin A (IgA)   | 82784  | <input type="checkbox"/> | R                        | Rubella IgG   | 86762               |           |
| <input type="checkbox"/>              | L  | Activated T Cells   | 86356 x 6                                | <input type="checkbox"/>         | R                        | Immunoglobulin G (IgG)   | 82784  | <input type="checkbox"/> | R                        | Toxoplasma IgG  | 86777               |           |
| <b>LYMPHOCYTE PROLIFERATION ASSAY</b> |    |   | <b>CPT</b>                               |                                  | <input type="checkbox"/> | R  | Immunoglobulin M (IgM)   | 82784                    | <input type="checkbox"/> | R   | Herpes Simplex 1    | 86695 x 1 |
| <input type="checkbox"/>              | Gr | Mitogen Blastogenesis Panel (PHA, PWM, CON A) [min. 6cc Sodium Heparin] *Note: Each component can be ordered separately     | 83635 x 5                                | <input type="checkbox"/>         | R                        | ASO  | 86060  | <input type="checkbox"/> | R                        | Herpes Simplex 2  | 86695 x 1           |           |
| <input type="checkbox"/>              | Gr | CD3 Lymphocyte Proliferation  | 86353                                    | <input type="checkbox"/>         | R                        | Transferrin  | 84466  | <input type="checkbox"/> | R                        | Measles IgG   | 86765               |           |
| <input type="checkbox"/>              | Gr | Tetanus Lymphocyte Proliferation  | 86353                                    | <input type="checkbox"/>         | R                        | Prealbumin   | 84134  | <input type="checkbox"/> | R                        | Varicella Zoster Virus (VZV) IgG  | 86787               |           |
| <input type="checkbox"/>              | Gr | Candida Lymphocyte Proliferation  | 86353                                    | <input type="checkbox"/>         | R                        | Haptoglobin  | 83010  | <input type="checkbox"/> | 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    |           |
| <input type="checkbox"/>              | Gr | CMV Lymphocyte Proliferation  | 86353                                    | <input type="checkbox"/>         | R                        | Complement 3 C(3)  | 86160  | <input type="checkbox"/> | R                        | Celiac Screening Panel (Total serum IgA, tTG-IgA, Deamidated Gliadin IgA)   | 82784, 83516        |           |
| <input type="checkbox"/>              | Gr | HSV Lymphocyte Proliferation  | 86353                                    | <input type="checkbox"/>         | R                        | Complement 4 C(4)  | 86160  | <input type="checkbox"/> | O                        | Calprotectin  | 83993               |           |
| <input type="checkbox"/>              | Gr | VZV Lymphocyte Proliferation  | 86353                                    | <b>AUTO-IMMUNE ANTIBODES</b>     |                          | <b>CPT</b>   |  | <input type="checkbox"/> | R                        | Centromere Antibody   | 86235               |           |
| <input type="checkbox"/>              | Gr | ADV Lymphocyte Proliferation  | 86353                                    | <input type="checkbox"/>         | R                        | Thyroid Peroxidase Antibody (Anti-TPO)   | 86376  | <input type="checkbox"/> | R                        | RNP Antibody  | 86235               |           |
| <b>ELECTROPHORESIS</b>                |    |   | <b>CPT</b>                               |                                  | <input type="checkbox"/> | R  | Thyroglobulin Antibody (TgAb)  | 86800                    | <input type="checkbox"/> | R   | SS-A Antibody       | 86235     |
| <input type="checkbox"/>              | L  | Hemoglobin Electrophoresis (note: If abnormal, will reflex to Hemoglobin Acid Electro-)                                     | 83020                                    | <input type="checkbox"/>         | R                        | Cardiolipin Antibody Panel (Cardiolipin IgA, IgG, IgM) *Note: Each component can be ordered separately | 86147 x 3  | <input type="checkbox"/> | R                        | SS-B Antibody   | 86235               |           |
| <b>ALLERGY</b>                        |    |   | <b>CPT</b>                               |                                  | <input type="checkbox"/> | R  | Beta 2 Glycoprotein I Antibody Panel (Beta 2 Glycoprotein IgA, IgG, IgM) *Note: Each component can be ordered separately | 86146 x 3                | <input type="checkbox"/> | R   | Smith (Sm) Antibody | 86235     |
| <input type="checkbox"/>              | R  | Allergen Specific IgE (Refer to Allergy Requisition)  | 86003                                    | <b>OTHER</b>                     |                          | <b>CPT</b>   |  | <input type="checkbox"/> | R                        | CH50  | 86162               |           |
| <input type="checkbox"/>              | R  | Immunoglobulin E Total (Total IgE)  | 82785                                    | <input type="checkbox"/>         | Gr                       | Plasma Hemoglobin  | 83051  | <input type="checkbox"/> | R                        | Mononucleosis Screen  | 86308               |           |
| <input type="checkbox"/>              | R  | Antinuclear Antibody (ANA)  | 86038                                    | <input type="checkbox"/>         | R                        | Antinuclear Antibody (ANA)   | 86038  |                          |                          |   |                     |           |

\*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.