

Children's Hospital Los Angeles  
 Alexander R. Judkins, MD  
 Department of Pathology & Laboratory Medicine  
 Pathologist-in-Chief and Laboratory Director  
 4650 Sunset Boulevard  
 Los Angeles, CA 90027  
 Phone: 323.361.2423, 877.543.9522  
 Fax: 323.361.6157  
 CLIA Number: 05D0542989  
 California State License: CLF260  
 CAP Number: 2266301



**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 LegalName (Last, First, MI)		Physician Name (Last, First, MI)	
Date of Birth (Mo/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	PhoneNumber	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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Reports To: <input type="checkbox"/> Phone Results <input type="checkbox"/> Fax Results
Insured/Subscriber Name		Date of Birth (Mo/Day/Year)	Fasting HRS _____ <input type="checkbox"/> Non Fasting
Member/Policy/ID#	Group #	Authorization #	Diagnosis Code(s):
			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]	<input type="checkbox"/>	R	RPR Reflex Quantitative (note: 1st time positives, reflex to FTA)	<input type="checkbox"/>	R	EBV Panel *Note: Each component can be ordered separately (VCA IgM, VCA IgG & EBNA-1 IgG)	86359, 86360, 86355, 86356, 86357, 86592	86665 x 2, 86664
<input type="checkbox"/>	L	T-Cell Standard (CD3, CD4, CD8, CD4:CD8 ratio, CD3HLADR) [min. 1.5 mL EDTA, optimal 3 mL]	<input type="checkbox"/>	R	Fluorescent Treponemal Antibody (FTA)	<input type="checkbox"/>	R	Tetanus Antibody Titer	86359, 86360, 86356, 86357, 86780	86774
<input type="checkbox"/>	Gr	CGD Flow (DHR)	<input type="checkbox"/>	R	SERUM PROTEIN CHEMISTRIES	<input type="checkbox"/>	R	PRP Antibody Titer	82657, 88184	86684
<input type="checkbox"/>	L	B Cell Subsets	<input type="checkbox"/>	R	ALAT (Alpha-1 Antitrypsin)	<input type="checkbox"/>	R	Double Stranded DNA Antibody	86356 x 3, 86355	86225
<input type="checkbox"/>	L	Naïve T Cells	<input type="checkbox"/>	R	Ceruloplasmin	<input type="checkbox"/>	R	CMV IgG	86356 x 4, 86360	86644
<input type="checkbox"/>	L	Regulatory T Cells	<input type="checkbox"/>	R	Immunoglobulin A (IgA)	<input type="checkbox"/>	R	Rubella IgG	86356 x 3	86762
<input type="checkbox"/>	L	Activated T Cells	<input type="checkbox"/>	R	Immunoglobulin G (IgG)	<input type="checkbox"/>	R	Toxoplasma IgG	86356 x 6	86777
<input type="checkbox"/>	L	ALPS Panel Flow	<input type="checkbox"/>	R	Immunoglobulin M (IgM)	<input type="checkbox"/>	R	Herpes Simplex 1	86356 x 5	86695 x 1
LYMPHOCYTE PROLIFERATION ASSAY			AUTO-IMMUNE ANTIBODES			CPT				
<input type="checkbox"/>	Gr	Mitogen Blastogenesis Panel (PHA, PWM, CON A) [min. 6cc Sodium Heparin] *Note: Each component can be ordered separately	<input type="checkbox"/>	R	Thyroid Peroxidase Antibody (Anti-TPO)	<input type="checkbox"/>	R	Herpes Simplex 2	83635 x 5	86696 x 1
<input type="checkbox"/>	Gr	CD3 Lymphocyte Proliferation	<input type="checkbox"/>	R	Thyroglobulin Antibody (TgAb)	<input type="checkbox"/>	R	Measles IgG	86353	86765
<input type="checkbox"/>	Gr	Tetanus Lymphocyte Proliferation	<input type="checkbox"/>	R	Cardiolipin Antibody Panel (Cardiolipin IgA, IgG, IgM) *Note: Each component can be ordered separately	<input type="checkbox"/>	R	Varicella Zoster Virus (VZV) IgG	86353	86787
<input type="checkbox"/>	Gr	Candida Lymphocyte Proliferation	<input type="checkbox"/>	R	Beta 2 Glycoprotein I Antibody Panel (Beta 2 Glycoprotein IgA, IgG, IgM) *Note: Each component can be ordered separately	<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	86353	83516 x 4, 82784
<input type="checkbox"/>	Gr	CMV Lymphocyte Proliferation	ALLERGY			CPT				
<input type="checkbox"/>	Gr	HSV Lymphocyte Proliferation	<input type="checkbox"/>	R	Allergen Specific IgE (Refer to Allergy Requisition)	<input type="checkbox"/>	R	Celiac Screening Panel (Total serum IgA, tTG-IgA, Deamidated Gliadin IgA)	86353	82784, 83516
<input type="checkbox"/>	Gr	VZV Lymphocyte Proliferation	<input type="checkbox"/>	R	Immunoglobulin E Total (Total IgE)	<input type="checkbox"/>	R	Calprotectin	86353	83993
<input type="checkbox"/>	Gr	ADV Lymphocyte Proliferation	<input type="checkbox"/>	R	OTHER	CPT				
ELECTROPHORESIS			<input type="checkbox"/>	R	CH50	<input type="checkbox"/>	R	Centromere Antibody	86353	86235
<input type="checkbox"/>	L	Hemoglobin Electrophoresis (note: If abnormal, will reflex to Hemoglobin Acid Electrophoresis)	<input type="checkbox"/>	Gr	Plasma Hemoglobin	<input type="checkbox"/>	R	RNP Antibody	83020	86235
			<input type="checkbox"/>	R	Mononucleosis Screen	<input type="checkbox"/>	R	SS-A Antibody		86235
			<input type="checkbox"/>	R	Antinuclear Antibody (ANA)	<input type="checkbox"/>	R	SS-B 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.