



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: _____
 Send Duplicate Report to:
 Physician: _____ NPI: _____ Fax: _____

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	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. 1.5 mL EDTA; optimal 3 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 & EBNA-1 IgG)	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,	SERUM PROTEIN CHEMISTRIES		CPT		<input type="checkbox"/>	R	PRP Antibody Titer	86684
<input type="checkbox"/>	L	B Cell Subsets	86356 x 3,	<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
<input type="checkbox"/>	L	ALPS Panel Flow	86356 x5	<input type="checkbox"/>	R	Immunoglobulin M (IgM)	82784	<input type="checkbox"/>	R	Toxoplasma IgG	86777
LYMPHOCYTE PROLIFERATION ASSAY			CPT	<input type="checkbox"/>	R	ASO	86060	<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	Transferrin	84466	<input type="checkbox"/>	R	Herpes Simplex 2	86695 x 1
<input type="checkbox"/>	Gr	CD3 Lymphocyte Proliferation	86353	<input type="checkbox"/>	R	Prealbumin	84134	<input type="checkbox"/>	R	Measles IgG	86765
<input type="checkbox"/>	Gr	Tetanus Lymphocyte Proliferation	86353	<input type="checkbox"/>	R	Haptoglobin	83010	<input type="checkbox"/>	R	Varicella Zoster Virus (VZV) IgG	86787
<input type="checkbox"/>	Gr	Candida Lymphocyte Proliferation	86353	<input type="checkbox"/>	R	Complement 3 C(3)	86160	<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 4 C(4)	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	AUTO-IMMUNE ANTIBODES		CPT		<input type="checkbox"/>	O	Calprotectin	83993
<input type="checkbox"/>	Gr	VZV Lymphocyte Proliferation	86353	<input type="checkbox"/>	R	Thyroid Peroxidase Antibody (Anti-TPO)	86376	<input type="checkbox"/>	R	Centromere Antibody	86235
<input type="checkbox"/>	Gr	ADV Lymphocyte Proliferation	86353	<input type="checkbox"/>	R	Thyroglobulin Antibody (TgAb)	86800	<input type="checkbox"/>	R	RNP Antibody	86235
ELECTROPHORESIS			CPT	<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-A Antibody	86235
<input type="checkbox"/>	L	Hemoglobin Electrophoresis (note: If abnormal, will reflex to Hemoglobin Acid Electrophoresis)	83020	<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	SS-B Antibody	86235
				ALLERGY		CPT		<input type="checkbox"/>	R	Smith (Sm) Antibody	86235
				<input type="checkbox"/>	R	Allergen Specific IgE (Refer to Allergy Requi-	86003	*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.			
				<input type="checkbox"/>	R	Immunoglobulin E Total (Total IgE)	82785				
				OTHER		CPT					
				<input type="checkbox"/>	R	CH50	86162				
				<input type="checkbox"/>	Gr	Plasma Hemoglobin	83051				
				<input type="checkbox"/>	R	Mononucleosis Screen	86308				
				<input type="checkbox"/>	R	Antinuclear Antibody (ANA)	86038				