



Children's Hospital Colorado

Children's Hospital Colorado
Department of Pathology & Laboratory Medicine
Flow Cytometry & Immunology Lab Requisition
Phone (720) 777-6711
Fax (720) 777-7118

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

FAILURE TO COMPLETE BELOW FIELDS WILL DELAY RESULTS

*****PLEASE PROVIDE COMPLETE BILLING INFORMATION****

Contact Information

Submitting Institution Name (Submitter)	Submitting Institution Address		
	Street		
	City, State, Zip		
	Phone	Result Fax	

Client Specimen Label (if available)	Internal Specimen Label
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Patient Information

Last Name	First Name	Middle I	Birthdate (MM/DD/YYYY)	Sex
Ordering Provider (Last, First, and Middle Initial)	Ordering Provider Phone		Ordering Provider NPI	

Specimen Information

Date Collected (MM/DD/YY)	Client External ID	ICD-10 Code(s)	<input type="checkbox"/> Blood
Time Collected (HHMM) AM / PM	Draw Type	1	<input type="checkbox"/> Bone Marrow
		2	<input type="checkbox"/> Tissue-Fresh:
		3	<input type="checkbox"/> Body Fluid

FAILURE TO COMPLETE WILL DELAY RESULTS

Bill To: **Billing Facility and Address same as Submitter Listed**

Billing Contact Information:	Billing Facility and Address are DIFFERENT than Submitter Listed, Bill To:
Name: _____	Institution Name: _____
Email: _____	Address (incl City, State, Zip): _____
Phone: _____	Phone: _____ Fax: _____

Bill To: **Patient Insurance**

******If below items are not included WITH the specimen, the referring provider will be billed directly and responsible for payment******

A face and or demographic sheet with the following criteria MUST be provided:

- Patients Full Name
- Patients Full Address (City, State and Zip)
- Patients Phone
- Patients Insurance Name **AND** Plan Type (**Primary AND Secondary**)
- Policy/ID Number
- If subscriber is different than patient a DOB is **REQUIRED**

Flow Cytometry & Immunology Lab Test Information - Ordering laboratory is responsible for accuracy of test selection

<input type="checkbox"/> 7AAD Viability	LAB7753	<input type="checkbox"/> Leukocyte Adhesion Deficiency (LAD1)	LAB9077
<input type="checkbox"/> ALPS (Autoimmune Lymphoproliferative Syndrome)	LAB8532	<input type="checkbox"/> Lymphocyte and T Cell Proliferation (PHA)	LAB9101
<input type="checkbox"/> DOCK8	LAB9359	<input type="checkbox"/> Perforin	LAB9360
<input type="checkbox"/> CD3 (Peripheral Blood Only)	LAB7758	<input type="checkbox"/> PNH	LAB7759
<input type="checkbox"/> CD34 (Peripheral Blood Only)	LAB7750	<input type="checkbox"/> Regulatory T Cell (Tregs)	LAB9111
<input type="checkbox"/> Comprehensive B Cell Panel	LAB9066	<input type="checkbox"/> Rituximab (CD20)	LAB7752
<input type="checkbox"/> DHR (Oxidative Burst)	LAB7757	<input type="checkbox"/> TBNK (Lymphocyte subsets)	LAB7755
<input type="checkbox"/> DNA Ploidy Analysis	LAB7761	<input type="checkbox"/> TCR (T Cell Receptor)	LAB8537
<input type="checkbox"/> Leukemia/Lymphoma	LAB7760	<input type="checkbox"/> T Cell Naive/Memory Panel (includes recent thymic emigrants)	LAB8495
		<input type="checkbox"/> T Cell Subsets (CD3, CD4, CD8)	LAB7756

For specimen requirements (including shipping and handling) please refer to our Test Directory.
 Test Directory link is located at www.childrenscolorado.org/labrequisitions under the 'General Collection Instructions' section.