

Cytokines Diagnostics Requisition

1. PATIENT INFORMATION

Patient Name (Last, First) Male Female DOB ___ / ___ / _____

2. BILLING INFORMATION

3. REPORT DELIVERY INFORMATION

National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.

Attention

Account Name

Account Name Address

Address City State Zip

City State Zip Duplicate Report Requested

Billing Contact Name Name

Phone Fax Phone Secure Fax

4. SPECIMEN INFORMATION

Specimen Source: Plasma Whole Blood Urine Other:

Raw Specimen OR Culture Medium:

Submitted By Phone Fax

Submitter Specimen # Actual Specimen Collection Date Collection Time

5. COMPLEMENT CYTOKINE PANELS

PLASMA <input type="checkbox"/> THPNLA	TH1/TH2 Panel B (Luminex multiplex bead array)	PLASMA <input type="checkbox"/> THPNLB	TH1/TH2 Panel B (Luminex multiplex bead array)
	CYTOKINE Interleukin 2 [IL-2] Interleukin 4 [IL-4] Interleukin 5 [IL-5] Interleukin 6 [IL-6] Interleukin 10 [IL-10] Interleukin 12 [IL-12p70] Interferon Gamma [IFN γ] Tumor Necrosis Factor alpha [TNF α]		CYTOKINE Interleukin 2 [IL-2] Interleukin 4 [IL-4] Interleukin 5 [IL-5] Interleukin 10 [IL-10] Interferon Gamma [IFN γ] Tumor Necrosis Factor alpha [TNF α]

PLASMA <input type="checkbox"/> TH1	TH1 Cytokine 4 Plex Panel by Luminex	PLASMA <input type="checkbox"/> TH2P	TH2 Cytokine 4 Plex Panel by Luminex
	CYTOKINE Interleukin 2 [IL-2] Interleukin 12 [IL-12p70] Interferon Gamma [IFN γ] Tumor Necrosis Factor alpha [TNF α]		CYTOKINE Interleukin 4 [IL-4] Interleukin 5 [IL-5] Interleukin 6 [IL-6] Interleukin 10 [IL-10]

6 SOLUBLE CYTOKINES

<input type="checkbox"/> WHOLE BLOOD	TEST	<input type="checkbox"/> WHOLE BLOOD	TEST
<input type="checkbox"/> IL12R	IL12 Receptor assay (samples accepted Mon and Fri only)	<input type="checkbox"/> IFNGR	Interferon gamma receptor assay (samples accepted Mon-Thurs)

7. ANTI-CYTOKINE AUTOANTIBODIES

INTERNAL USE ONLY

<input type="checkbox"/> SERUM	TEST	
<input type="checkbox"/> IFNGAB <input type="checkbox"/> GMCSFA	Autoantibodies to interferon gamma Autoantibodies to GMCSF	

8. SPECIAL INSTRUCTIONS

*Please indicate need for a single cytokine here