

Samples must be received within one day of collection Monday - Friday.



Children's Hospital Colorado

Immunophenotyping & Immune Function Laboratory

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Shipping Address:

Children's Hospital Colorado
Clinical Laboratory, Lower Level
13123 E 16th Ave, Room B0200
Aurora, CO 80045

Submitting Institution Information		Patient Information		
Institution:		Patient's Last Name	First	Middle
Address:		DOB:	Sex:	Gender:
City:	State:	Zip:		
Phone:	Fax:		Ordering Provider (Last, First, Middle Initial):	
Contact Name:		NPI:	Phone:	
Phone:	Email:	Email:	Fax:	
<input type="checkbox"/> Patient Insurance Billing Disclaimer: A face sheet that includes full patient demographics and insurance information is required. A copy of the front and back of the insurance is also acceptable. If these items are not provided, it could delay testing or <u>the submitting provider could be responsible for payment.</u>				
<input type="checkbox"/> Client/Institutional Billing Disclaimer: By submitting this Requisition Form to CHCO, you are acknowledging and agree to our standard Terms and Conditions and agree to pay CHCO the rates associated with our standard fee schedule in effect on the day the specimen is received.				
Required Specimen Information				
Date Collected:		Time Collected:	External ID:	
		AM/PM		
Specimen Source: Blood		Other: _____		
Testing Information				
LYMPHOCYTE PHENOTYPING			B CELL PHONTYPING	
TBNK (% and absolute counts of CD3, CD4, CD8, CD19, NK, and CD4:CD8 ratio)	LAB7755*		Rituximab Panel (% and absolute counts of CD19+ and CD20+ B cells)	LAB7752*
TBNK w/Monocyte and NK Subsets (% and absolute counts of CD3, CD4, CD8, CD19, NK, and CD4:CD8 ratio, and percentages of NK and monocyte subsets).	LAB10580		Naïve/Memory B Cell Panel (% naïve, memory, transitional, CD21lo B Cells, and plasmablasts)	LAB10507
T CELL PHENOTYPING			Comprehensive B cell panel (% naïve, memory, transitional, CD21lo B cells, and plasmablasts)	LAB9066
T Cell Subsets (% and absolute counts of CD3, CD4, CD8 T cells, and CD4:CD8 ratio)	LAB7756*	NEUTROPHIL ASSAYS		
TCR Subsets (% TCR alpha/beta and TCR gamma/delta T cells)	LAB8537		Neutrophil oxidative burst (DHR)	LAB7757**
Naïve/Memory/RTE (% naïve, memory, Tcm, Tcm and TemRA CD4 and CD8 T cells, and recent thymic emigrants)	LAB8495		Leukocyte Adhesion Deficiency 1 analysis (CD18, CD11b)	LAB9067
Regulatory T cells (%FOXP3+CD25hiCD127loCD4+ T cells)	LAB9111	MISCELLANEOUS		
T follicular helper cells (%CXCR5+CD4+ T cells)	LAB9410		Perforin expression in NK and CD8 T Cells	LAB9360
Activated (% HLADR+CD38+), Exhausted (PD-1+), and Senescent (CD57+) CD4 and CD8 T cells	LAB9496		Double negative T Cells (ALPS)	LAB8532
T CELL FUNCTION (by Flow Cytometry)			CYTOKINES	
T cell proliferation to PHA	LAB9101**		Soluble CD25 (sIL2Ra)	LAB10501
T cell proliferation to tetanus toxoid	LAB9748**		Proinflammatory cytokines (IL-1-beta, IL-2, IL-6, TNF-alpha)	LAB10055
T cell proliferation to anti-CD3+antiCD28 or IL-2	LAB9969**		HLH/MAS Panel (CXCL-9, IFNg, IL-18)	LAB10440

* CBC with differential within 24 hours of collection must be provided or a CBC will be performed (LAB7729)

** A date matched sample from a healthy control should be sent with the patient's sample

For additional questions, please reach out to LabClientServices@childrenscolorado.org

For detailed sample collection and shipping instructions, please visit

www.childrenscolorado.testcatalog.org/