

**Cytokines Diagnostics Requisition**

| 1. PATIENT INFORMATION   |  |   |  |
|--|--|---|--|
| Patient Name (Last, First)   |  | <input type="checkbox"/> Male <input type="checkbox"/> Female | DOB ___ / ___ / _____  |
| 2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY  |  | 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  |  |
| Billing Contact  |  | <input type="checkbox"/> Duplicate Report Requested           |  |
| PO # Account #   |  | Name  |  |
|  |  | Phone Secure Fax  |  |
| 4. SPECIMEN INFORMATION  |  |   |  |
| Specimen Source: <input type="checkbox"/> Plasma <input type="checkbox"/> Whole Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other:           |  |   |  |
| <input type="checkbox"/> Raw Specimen OR <input type="checkbox"/> Culture Medium:  |  |   |  |
| Submitted By   |  | Phone   | Fax  |
| Submitter Specimen #   |  | Actual Specimen Collection Date                               | Collection Time  |
| 5. SOLUBLE CYTOKINE PANELS   |  |   |  |
| <b>PLASMA</b><br><input type="checkbox"/> THPNLA   | TH1/TH2 Panel B (Luminex multiplex bead array)<br><b>CYTOKINE</b><br>Interleukin 2 [IL-2] Interleukin 4 [IL-4]<br>Interleukin 5 [IL-5] Interleukin 6 [IL-6]<br>Interleukin 10 [IL-10] Interleukin 12 [IL-12p70]<br>Interferon Gamma [IFN $\gamma$ ]<br>Tumor Necrosis Factor alpha [TNF $\alpha$ ] | <b>PLASMA</b><br><input type="checkbox"/> THPNLB              | TH1/TH2 Panel B (Luminex multiplex bead array)<br><b>CYTOKINE</b><br>Interleukin 2 [IL-2] Interleukin 4 [IL-4]<br>Interleukin 5 [IL-5] Interleukin 10 [IL-10]<br>Interferon Gamma [IFN $\gamma$ ]<br>Tumor Necrosis Factor alpha [TNF $\alpha$ ] |
| <b>PLASMA</b><br><input type="checkbox"/> TH1  | TH1 Cytokine 4 Plex Panel by Luminex<br><b>CYTOKINE</b><br>Interleukin 2 [IL-2] Interleukin 12 [IL-12p70]<br>Interferon Gamma [IFN $\gamma$ ]<br>Tumor Necrosis Factor alpha [TNF $\alpha$ ]   | <b>PLASMA</b><br><input type="checkbox"/> TH2P                | TH2 Cytokine 4 Plex Panel by Luminex<br><b>CYTOKINE</b><br>Interleukin 4 [IL-4] Interleukin 5 [IL-5]<br>Interleukin 6 [IL-6] Interleukin 10 [IL-10]  |
| 6. CYTOKINE RECEPTORS  |  |   |  |
| <input type="checkbox"/> <b>WHOLE BLOOD</b>  | <b>TEST</b>  | <input type="checkbox"/> <b>WHOLE BLOOD</b>                   | <b>TEST</b>  |
| <input type="checkbox"/> IL12R   | IL12 Receptor assay<br>(samples accepted Mon and Fri only)   | <input type="checkbox"/> IFNGR                                | Interferon gamma receptor assay<br>(samples accepted Mon-Thurs)  |
| 7. SPECIAL INSTRUCTIONS*   |  | INTERNAL USE ONLY   |  |
| *Please indicate need for a single cytokine here   |  |   |  |