



CMVC8 / Cytomegalovirus (CMV) CD8 T-Cell Immune Competence, Quantitative Assessment
by Flow Cytometry, Blood

- This test will only be performed if HLA class I typing information is provided and the patient is positive for **1 or more** of the 5 MHC alleles: HLA A1, A2, B7, B8, or B35.
- Do not order this test for patients who have **never** been CMV seropositive.
- The laboratory is not responsible if inaccurate HLA or clinical information is provided.

Patient Information

Patient Name (Last, First Middle)		Birth Date (mm-dd-yyyy)
Preferred Name	Medical Record Number (if Birth Date is not available)	
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose <input type="checkbox"/> Other, specify: _____	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Choose not to disclose <input type="checkbox"/> Other, specify: _____	
Gender Identity (optional)	Pronouns (optional)	

Referring Healthcare Professional Information

Requesting Healthcare Professional Name (Last, First)	Phone	Fax*
Other Contact Name (Last, First)	Phone	Fax*

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing (required)

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HLA Class I Typing Information Check all that are positive.

<input type="checkbox"/> HLAA1 <input type="checkbox"/> HLAA2 <input type="checkbox"/> HLA B7 <input type="checkbox"/> HLA B8 <input type="checkbox"/> HLA B35 <input type="checkbox"/> None
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Transplant Information

Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No	Transplant Date (mm-dd-yyyy)
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Clinical Information

Does the patient have primary immunodeficiency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient on immunosuppressive therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient ever been CMV seropositive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have active CMV disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient had recent antirejection therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No