



Instructions: Send specimen Monday through Thursday only. Specimen should arrive within 48 hours of draw. Draw and package specimen under strict ambient conditions as close to shipping time as possible. Ship specimen overnight in an ambient shipping box (Ambient Shipping Box-Critical Specimens Only-T668).

Patient Information

Form with fields: Patient Name (Last, First Middle), Birth Date (mm-dd-yyyy), Sex Assigned at Birth (Male, Female, Unknown, Choose not to disclose), Legal/Administrative Sex (Male, Female, Nonbinary).

Referring Healthcare Professional Information

Form with fields: 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

Empty text box for Reason for Testing.

Treatment History Check all that apply.

Hematopoietic Cell Transplant (HCT) or Bone Marrow Transplant (BMT)

Form with fields: Pre-Stem Cell or Bone Marrow Transplant (Yes/No), Conditioning Date (mm-dd-yyyy), Post-Stem Cell or Bone Marrow Transplant (Yes/No), HCT/BMT Date (mm-dd-yyyy), Number of Days Post HCT/BMT, T-Cell Depleted HCT (Yes/No), Conditioning Received (Yes/No).

Thymus Transplant

Form with fields: Pre-Thymus Transplant (Yes/No), Post-Thymus Transplant (Yes/No), Thymus Transplant Date (mm-dd-yyyy).

HAART

Form with fields: Receiving HAART (Yes/No), Initiation of HAART Date (mm-dd-yyyy), Pre-HAART specimen (Yes/No), Post-HAART specimen (Yes/No).

Clinical History

Form with text: Diagnosis; check all that apply: Hematopoietic cell or bone marrow transplant (Allotransplant, Autotransplant, Cord blood), Severe combined immunodeficiency, DiGeorge Syndrome, HIV positive, CD3 T-cell lymphopenia, CD4 T-cell lymphopenia, CD8 T-cell lymphopenia. Other; describe below: [lines]

Form with text: Other Relevant Information [lines]