MEDICAL COLLEGE OF WISCONSIN
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Children's Hospital and Health System™ Children's Specialty Group™ | MEDICAL COLLEGE OF WISCONSIN

CLINICAL IMMUNODIAGNOSTIC AND RESEARCH LAB
MACC Fund Research Center, Rm 5072
PHONE: 414-955-4165
FAX: 414-955-6487

A Jeffrey Modell Diagnostic Center for Primary Immunodeficiency

updated: 04/2025

TEST REQUISITION FORM

PATIENT INFORMATION (required)

Patient Name: _____

Patient MRN: _____

Date of Birth: _____ Sex: M _____ F _____

Location: _____ Lab ID: _____

Collection Date: _____ Collection Time: _____

Clinical History: _____

_____

INSTITUTION CONTACT (required for billing)

Sending Location/Institution: _____

Contact: _____

Address: _____

_____

FAX: _____ PHONE: _____

Physician signature/Date: _____

Physician Name (printed):_____

FLOW CYTOMETRY

TEST(S) REQUESTED:

	CODE	DESCRIPTION
☐	**TMITO****	T CELL MITOGEN PROLIFERATION
☐	**CYTIBD*****	CYTOKINE-IBD
☐	**TLREC/XIAP*****	TOLL-LIKE RECEPTOR
☐	**FAHJB**	FUNCTIONAL ASPLENIA/HOWELL-JOLLY BODY DETECTION

	CODE	DESCRIPTION
☐	**CYTAPO*****	CYTOTOXICITY/APOPTOSIS
☐	**NPF** (NEUOXB)	NEUTROPHIL PHENOTYPE/FUNCTION
☐	**TINTL****	T CELL INTERLEUKIN PROLIFERATION

IMPORTANT!! Only ONE test below may be selected per specimen submission

Tests listed *below* MUST be provided with same day CBC/Differential results:

☐	**AT4**	ABSOLUTE T4
☐	**AILYMP**	AUTO LYMPH PROLIF. SYNDROME
☐	**BTK**	BRUTON'S TYROSINE KINASE
☐	**CVID**	COMMON VARIABLE IMMUNODEFICIENCY
☐	**PERGRA**	PERFORIN GRANZYME
☐	**PID1**	PRIMARY IMMUNODEFICIENCY 1
☐	**PID2**	PRIMARY IMMUNODEFICIENCY 2
☐	**LRBA**	LIPOPOLYSACCHARIDE RESPONSIVE BEIGE-LIKE ANCHOR PROTEIN

☐	**HIGM*****	HYPER IGM
☐	**TREG*****	T REGULATORY-FOXP3
☐	**XLP*****	X-LINKED LYMPH PROLIF SYNDROME
☐	**SGOF*****	STAT GAIN-OF-FUNCTION
☐	**THIL17***	T HELPER IL17 ***collected on patients > 1 year of age***
☐	**MSMD***	MENDELIAN SUSCEP TO MYCOBACT DISEASE

*** Samples accepted Mon-Thurs ONLY**
**** Samples received Wed – Fri ONLY**
*****NOTE: Specimens MUST arrive by 9am on Fridays to be processed. Samples received after 9am on Fridays will be cancelled**

SPECIMEN DELIVERY ADDRESS

Send samples at ROOM TEMPERATURE by FED EX First Overnight to:

Medical College of Wisconsin
Clinical Immunodiagnostic and Research Lab
MACC Fund Research Center, Room 5072
8701 Watertown Plank Road
Milwaukee, WI 53226

>Please call 414-955-4165 with tracking number PRIOR to shipping.

CLINICAL IMMUNODIAGNOSTIC LAB USE ONLY

Date Received: _____ Time: _____ ☐ AM ☐ PM

Specimen Type: ☐ *PB* ☐ *Other:* _____ # of vials: _____

Anit-coagulant: ☐ *Sodium Heparin* ☐ *Other:* _____

Pre-Analytic Condition: ☐ Satisfactory ☐ Unsatisfactory *Def Code:* _____

Notes:_____

_____