Virant Diagnostics, Inc.
11002 Veirs Mill Rd, Suite 404
Wheaton, MD 20902
Phone: (877) 888-2973, Fax: (888) 713-3456
CAP #: 954036801, CLIA #: 21D2184276
www.virantdx.com

Standard Immunophenotyping (SIP) Test Requisition Form

Place Barcode Label Here

Whole Blood Specimen Information
Collection Date: ____ / ____ / _____
Collection Time: ____ : ____ ☐ AM ☐ PM

PATIENT INFORMATION

Last Name:	First Name:	Date of Birth:
Email:	Phone:	Gender: ☐ M ☐ F
Address:	City: State:	Zip:

DIAGNOSIS CODES

☐ D84.9: Immunodeficiency, unspecified ☐ D89.9: Disorder involving immune mechanism, unspecified ☐ Other:

Diagnosis Comments:

PATIENT CONSENT/AUTHORIZATION FOR FLOW CYTOMETRIC IMMUNE SYSTEM EVALUATION

To assist in the diagnosis and management of your medical condition(s), we use multi-parameter flow cytometry-based tests to examine the lymphocyte population, subsets, memory, and activation markers to gain better assessment of your immune system. Our assays are used to identify and examine cellular components of your immune system, specifically focused on lymphocytes which play important roles in your immune response. Lymphocytes are a subpopulation of white blood cells that can be differentiated into subsets of T cells, B cells, and natural killer cells, and identified by examination of common and unique protein markers expressed within and on the surface of the cells. These major lymphocyte subsets can be further subdivided into smaller functional subsets, which have unique roles in the immune responses.

Test results are confidential. (1) Test results will be released to the referring physician or other health care provider as specified on the test requisition. (2) Test results will not be released to other individuals without my written consent. (3) Test results may be part of my/my child's medical record and thus accessible to my health insurance provider or other parties within legal limits. The test and its limitations have been satisfactorily described to me. I acknowledge that I have discussed the benefits, risks, and limitations of this testing with my physician and/or other health care professional.

I authorize Virant Diagnostics Lab to analyze a blood sample of my/my child for an immunological evaluation. In addition, I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Patient Signature: _____ **Date:** ____ / ____ / _____

INSURANCE AND PAYMENT INFORMATION

☐ Bill Insurance (Attach copy of insurance card, front and back) ☐ Bill Client ☐ Bill Patient (Cash/Check/Credit Card) ☐ Other:

Primary Plan Name:	Policy Holder Name:
Policy #:	Group #:
Secondary Plan Name:	Policy Holder Name:
Policy #:	Group #:

HEALTHCARE PROVIDER INFORMATION

Provider Name:	NPI:	
Organization:	Phone:	
Address:	City: State:	Zip:

Provider Authorization Signature: _____ **Date:** ____ / ____ / _____

TEST MENU

Notes for Provider:

1. A complete blood count (CBC) with differential is also required and will be ordered and performed alongside the SIP test.
2. A SIP test cannot be ordered (1) alongside a BAT test and (2) if another SIP or BAT test was performed within the last six months.
3. Courier services can be arranged for clinics in the DC metropolitan area. Please contact us via email or phone for more information.

Specimen Requirements: *2 EDTA tubes (3 mL purple top) must each be collected with whole blood and shipped at ambient temperature for overnight delivery. If above 30 °C, then the specimens must be packaged with an ice pack.*

☐ **Lympho-phenotyping Tests:** Includes the tests listed below (CPT codes 88184 x1, 88189 x1, 88185 x34)

1. **Lymphocyte Monitoring** for T cell subsets, B and NK cells, γ/δ and α/β T cells, NKT cells, and activation
2. **B Cell Maturation Evaluation** for B cell development in peripheral blood
3. **Memory CD8 and CD4 Cells Test** (CD45RO and CD45RA)
4. **Dendritic Cell Panel**

FOR LABORATORY USE ONLY

Accession #:	Patient ID:
Client/Physician ID:	Date Received: ____ / ____ / _____ Time Received: ____ : ____ ☐ AM ☐ PM

Please visit our webpage at www.virantdx.com/testing-solutions/flow-cytometry/ and contact us at info@virantdx.com or (877) 888-2973 for any inquiries.