Samples Must Be Received Within One Day of Collection: Monday – Friday

Children's Hospital Colorado

Immunophenotyping & Immune Function Laboratory

Phone: (720) 777-6711
Fax: (720) 777-7118

Shipping Address:
Children's Hospital Colorado
Clinical Laboratory, Lower Level
13123 E 16th Ave, Room B0200
Aurora, CO 80045

Submitting Institution Information

Institution:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Contact Name:		
Phone:	Email:	

Patient Information

Patient's Last Name	First	Middle
DOB:	Sex:	Gender:
Diagnosis:		
Ordering Provider (Last, First, Middle Initial):		
NPI:	Phone:	
Email:	Fax:	

Patient Insurance Billing Disclaimer: A face sheet that includes full patient demographics and insurance information is required. A copy of the front and back of the insurance is also acceptable. If these items are not provided, it could delay testing or the submitting provider could be responsible for payment.

Client/Institutional Billing Disclaimer: By submitting this Requisition Form to CHCO, you are acknowledging and agree to our standard Terms and Conditions and agree to pay CHCO the rates associated with our standard fee schedule in effect on the day the specimen is received.

Required Specimen Information

Date Collected:	Time Collected: AM/PM	External ID:

Specimen Source: Blood Other: _____

Testing Information

LYMPHOCYTE PHENOTYPING			**B CELL PHONTYPING**		
	TBNK (% and absolute counts of CD3, CD4, CD8, CD19, NK, and CD4:CD8 ratio)	LAB7755*		Rituximab Panel (% and absolute counts of CD19+ and CD20+ B cells)	LAB7752*
	TBNK w/Monocyte and NK Subsets (% and absolute counts of CD3, CD4, CD8, CD19, NK, and CD4:CD8 ratio, and percentages of NK and monocyte subsets).	LAB10580		Naïve/Memory B Cell Panel (% naïve, memory, transitional, CD21lo B Cells, and plasma blasts)	LAB10507
T CELL PHENOTYPING			**NEUTROPHIL ASSAYS**		
	T Cell Subsets (% and absolute counts of CD3, CD4, CD8 T cells, and CD4:CD8 ratio)	LAB7756*		Neutrophil Oxidative Burst (DHR)	LAB7757**
	TCR Subsets (% TCR alpha/beta and TCR gamma/delta T cells)	LAB8537		Leukocyte Adhesion Deficiency 1 Analysis (CD18, CD11b)	LAB9067
	Naïve/Memory/RTE (% naïve, memory, Tcm, Tcm and TemRA CD4 and CD8 T cells, and recent thymic emigrants)	LAB8495	**MISCELLANEOUS**		
	Regulatory T Cells (%FOXP3+CD25hiCD127loCD4+ T cells)	LAB9111		Perforin Expression in NK and CD8 T Cells	LAB9360
	T Follicular Helper Cells (%CXCR5+CD4+ T cells)	LAB9410		Double Negative T Cells (ALPS)	LAB8532
	Activated (% HLADR+CD38+), Exhausted (PD-1+), and Senescent (CD57+) CD4 and CD8 T Cells	LAB9496	**CYTOKINES**		
T CELL FUNCTION (by Flow Cytometry)				Soluble CD25 (sIL2Ra)	LAB10501
	T Cell Proliferation to PHA	LAB9101**		Proinflammatory Cytokines (IL-1-beta, IL-2, IL-6, TNF-alpha)	LAB10055
	T Cell Proliferation to Tetanus Toxoid	LAB9748**		HLH/MAS Panel (CXCL-9, IFNg, IL-18)	LAB10440

* CBC with differential within 24 hours of collection must be provided or a CBC will be performed (LAB7729)

** A date matched sample from a healthy control should be sent with the patient's sample

For additional questions or a copy of our Terms and Agreements, please reach out to LabClientServices@childrenscolorado.org
To review our test catalog for specimen requirements, please visit https://www.testmenu.com/chcolabs

10/2026