

# Testing Requisition Form

## Nephrology Clinical Laboratory

### CCHMC Division of Nephrology & Hypertension



**Patient Name**

---

Address

---

City State Zip

---

Phone

---

Date of Birth Sex  M  F

---

Collection Date Collection Time

---

**Referring Institution**

---

Address

---

City State Zip

---

Account Payable Contact Name

---

Phone

---

Fax

---

E-mail

---

**Ordering Physician**

---

Address

---

City State Zip

---

Phone Fax

---

**Signature**

---

**Commercial Insurance**

---

Policy Holder Name

---

Gender Date of Birth

---

Authorization Number

---

Insurance ID Number

---

Insurance Name

---

Insurance Address

---

City/State/Zip

---

Insurance Phone Number

---

Eculizumab Monitoring		
TEST	CPT CODE	SAMPLE TYPE
<b>ECULIZUMAB PHARMACOKINETIC ASSAY</b>	80299 86162	<input type="checkbox"/> SER
(Includes Eculizumab level and CH50. For Assessing complement activation and to assist in monitoring patients on eculizumab therapy)		
<b>ECULIZUMAB LEVEL</b>	80299	<input type="checkbox"/> SER

Membranous Nephropathy		
TEST	CPT CODE	SAMPLE TYPE
<b>PLA2R AUTOANTIBODY*</b>	86021	<input type="checkbox"/> SER
* Ship refrigerated or frozen		

Complement Testing MPGN/DDD/C3GN and Immunodeficiency		
TEST	CPT CODE	SAMPLE TYPE
<b>COMPLEMENT PROFILE*</b> C2, C3, C4, C5, C6, C7, C8, C9, C1Q, FACTOR B, FACTOR H, FACTOR I, PROPERDIN, C1 INHIBITOR, C4BP	86160 x 15	<input type="checkbox"/> SER
<b>HANE PROFILE/SLE PROFILE</b> C1 INH, C2, C3, C4, C1Q	86160 x 5	<input type="checkbox"/> SER
*Components may be ordered individually, please call.		

<b>CH50</b>	86162	<input type="checkbox"/> SER
<b>C3 NEPHRITIC FACTOR</b>	86160	<input type="checkbox"/> SER
<b>FACTOR H AUTOANTIBODY</b>	83516	<input type="checkbox"/> SER/P
<b>FACTOR Bb</b>	86160	<input type="checkbox"/> SER/P
<b>FACTOR B</b>	86160	<input type="checkbox"/> SER
<b>FACTOR I</b>	86160	<input type="checkbox"/> SER
<b>FACTOR H</b>	86160	<input type="checkbox"/> SER

SER= Serum; P= Plasma

TMA (aHUS/TTP) Testing <i>order panel/individual components</i>		
TEST	CPT CODE	SAMPLE TYPE
ECULIZUMAB LEVEL	80299	<input type="checkbox"/> SER
CH50	86162	<input type="checkbox"/> SER
ADAMTS13 ACTIVITY	85397	<input type="checkbox"/> PPP
FACTOR H AUTOANTIBODY	83516	<input type="checkbox"/> SER/P
C3, C4, FACTOR B, FACTOR I, FACTOR H	86160 x 5	<input type="checkbox"/> SER

SER= Serum; P= Plasma

Serum Protein <i>order panel/individual components</i>		
TEST	CPT CODE	SAMPLE TYPE
SERUM PROTEIN PROFILE ALBUMIN, TRANSFERRIN, Hs C-REACTIVE PROTEIN, IgA, IgG, IgM, C3, C4	82784 x 3 + 86160 x 2 + 82040 x 2	<input type="checkbox"/> SER
IMMUNOGLOBULIN PROFILE IgG, IgA, IgM	82784 x 3	<input type="checkbox"/> SER
IgG SUBCLASSES IgG, IgG1, IgG2, IgG3, IgG4	82874 + 82787 x 4	<input type="checkbox"/> SER
IgG INDEX CSF: IgG, ALB SER: IgG, ALB	82784 x 2 + 82040 x 2	<input type="checkbox"/> CSF + SER
HAPTOGLOBIN	83010	<input type="checkbox"/> SER
CYSTATIN C	82610	<input type="checkbox"/> SER
RHEUMATOID FACTOR	86431	<input type="checkbox"/> SER
ANTI STREPTOLYSIN O	86060	<input type="checkbox"/> SER
ANTI-DNASE-B	86215	<input type="checkbox"/> SER

SER= Serum; PPP= platelet-poor plasma

ADAMTS13 Testing <i>order panel/individual components</i>		
TEST TEST	CPT CODE	SAMPLE TYPE
ADAMTS13 PANEL *	85397 + 85335 + 85320	<input type="checkbox"/> PPP
ADAMTS13 ACTIVITY *	85397	<input type="checkbox"/> PPP
ADAMTS13 INHIBITION TEST *	85335	<input type="checkbox"/> PPP
ADAMTS13 ANTIBODY QUANT	85320	<input type="checkbox"/> SER/P

\*see sample prep instructions

SER= Serum; PPP= platelet-poor plasma

#### CLINICAL INFORMATION IF AVAILABLE

Is the patient receiving plasma infusion or plasmapheresis? Yes No

If yes, date of last plasma infusion or plasmapheresis?

Schistocytes Yes No

LDH Bilirubin

Haptoglobin Creatinine

C3 C4

Date of previous kidney biopsy, if any?

If previous kidney biopsy was performed, what was the diagnosis?

## Shipping

### SHIP SAMPLES FROZEN ON DRY ICE

Cincinnati Children's Hospital Medical Center  
ATTN: Lab Processing B-4  
3333 Burnet Avenue,  
Cincinnati, Ohio 45229