



University of Colorado Hospital

Clinical Laboratory Stem Cell Request

☐ STAT

Patient Identification Label

Name _____
MRN _____
DOB _____
Date of service _____

CALL POSITIVE HPC STERILITY RESULTS TO 303.266.4162 APP PAGER.

CLINIMMUNE STEM CELL LAB: clinimQU-DG@ucdenver.edu
Sabine Stockinger 303.724.1247
Zavinta Buzeviciute 303.724.1302

Ordering physician (required)		UPI # (required)	Ordering unit/clinic
Collection date	Time		Collected by
ICD-10 Code(s)		Physicians should only order tests medically necessary for the treatment or diagnosis of the patient. For outpatient services only, enter the appropriate ICD-10 code(s) which demonstrate the medical necessity of each test ordered (required).	

Specimen type: ☐ Serum ☐ Plasma ☐ Whole Blood ☐ Bone marrow, Site _____
☐ HPC ☐ CB ☐ Parathyroid
☐ Other _____

MNEMONIC DESCRIPTION		ICD-10 CODE
Tests Ordered by Apheresis Tech		
LAB54	<input type="checkbox"/> Ionized Calcium Whole Blood	
LAB1748	<input type="checkbox"/> CBC with Auto Diff, No Manual Diff	
LAB1749	<input type="checkbox"/> Manual Differential	
LAB708	<input type="checkbox"/> Product CBC	
LAB3732	<input type="checkbox"/> HPC Product CD34 – Mid Run	
LAB3056	<input type="checkbox"/> Stem Cell CD34 (CD34, Peripheral Blood) (CBC [LAB1748] must be ordered and collected at the same time)	
Tests Ordered by CLINIMMUNE Lab		
LAB210	<input type="checkbox"/> CBC with Manual Diff, if Auto Diff fails	
LAB708	<input type="checkbox"/> Product CBC	
LAB250	<input type="checkbox"/> Gram Stain (Site _____)	
DVC1004	<input type="checkbox"/> White Blood Count HPC – Mid Run	
LAB3524	<input type="checkbox"/> HPC – Apheresis, Cryopreserved	
LAB3372	<input type="checkbox"/> HPC Product CD3 – Ordered on Mini-Allo (DLI)	
LAB895	<input type="checkbox"/> ABO Rh type	
LAB931	<input type="checkbox"/> T-Cell Panel (Product CBC [LAB708] must be ordered and collected at the same time)	
Tests Ordered by UCH Clinical Laboratory Specimen Processing		
LAB8603	<input type="checkbox"/> Blood Culture HPC (Site _____)	
LAB3535	<input type="checkbox"/> Pathology Review Stem	

Product Collected for Recipient: _____ MRN: _____