

Quantitative CMV Immune Competence Assay Patient Information Sheet

Mayo test CMVC8, CMV CD8 T Cell QN by Flow Cytometry

- This test will only be performed if HLA class I typing information is provided and the patient is positive for **one or more** of the 5 MHC alleles listed below.
- Do not order this test for patients who have **never** been CMV sero-positive.
- The laboratory is not responsible if inaccurate HLA or clinical information provided.

Patient Information

Patient Name <i>(Last, First, Middle)</i>		Sex	Birth Date <i>(Month DD, YYYY)</i>
Referring Physician Name	Phone		Fax*
Other Contact	Phone		Fax*

*Note: Fax number given must be from a fax machine that complies with applicable HIPAA regulation

HLA Class I Typing Information – check all that are positive

<input type="checkbox"/> HLA A1	<input type="checkbox"/> HLA A2	<input type="checkbox"/> HLA B7	<input type="checkbox"/> HLA B8	<input type="checkbox"/> HLA B35
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Transplant information

Transplant Date <i>(Month DD, YYYY)</i>		
Type of Transplant:		
<input type="checkbox"/> Allogeneic PBSCT/BMT	<input type="checkbox"/> Heart	<input type="checkbox"/> Lung
<input type="checkbox"/> Mini-allo PBSCT BMT	<input type="checkbox"/> Kidney	<input type="checkbox"/> Pancreas
<input type="checkbox"/> Autologous PBSCT	<input type="checkbox"/> Liver	

Clinical Information

Does patient have primary immunodeficiency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is patient on immunosuppressive therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the patient ever been CMV sero-positive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does patient have active CMV disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has patient had recent anti-rejection therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name of drug:		
	<input type="checkbox"/> ATG	<input type="checkbox"/> OKT3
	<input type="checkbox"/> Steroids	
	<input type="checkbox"/> Other: _____	