

Instructions: Send specimen Monday through Thursday only. Specimen should arrive within 48 hours of draw. Draw and package specimen under strict ambient conditions as close to shipping time as possible. Ship specimen overnight in an ambient mailer (Ambient Mailer-Critical Specimens Only-Supply T668).

Patient Information

Patient Name <i>(First, Middle, Last)</i>		Birth Date <i>(Month DD, YYYY)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Physician Name	Phone	Fax	
Other Contact	Phone	Fax	

Treatment History *(Check all that apply)*

Hematopoietic Cell Transplant (HCT) or Bone Marrow Transplant (BMT) Pre-Stem Cell or Bone Marrow Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No		Conditioning Date <i>(Month DD, YYYY)</i>
Post-Stem Cell or Bone Marrow Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No		HCT/BMT Date <i>(Month DD, YYYY)</i>
Number of days post HCT/BMT	T-Cell depleted HCT <input type="checkbox"/> Yes <input type="checkbox"/> No	Conditioning received <input type="checkbox"/> Yes <input type="checkbox"/> No
Thymus Transplant Pre-Thymus Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No	Post-Thymus Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No	Thymus Transplant Date <i>(Month DD, YYYY)</i>
HAART Receiving HAART <input type="checkbox"/> Yes <input type="checkbox"/> No		Initiation of HAART Date <i>(Month DD, YYYY)</i>
Pre-HAART specimen <input type="checkbox"/> Yes <input type="checkbox"/> No		Post-HAART specimen <input type="checkbox"/> Yes <input type="checkbox"/> No

Clinical History

Diagnosis <i>(check all that apply)</i> <input type="checkbox"/> Hematopoietic Cell or Bone Marrow Transplant <input type="checkbox"/> Allo Transplant <input type="checkbox"/> Auto Transplant <input type="checkbox"/> Cord Blood <input type="checkbox"/> Other, <i>please describe</i> <hr/>			<input type="checkbox"/> Severe Combined Immunodeficiency <input type="checkbox"/> DiGeorge Syndrome <input type="checkbox"/> HIV Positive	<input type="checkbox"/> CD3 T cell Lymphopenia <input type="checkbox"/> CD4 T cell Lymphopenia <input type="checkbox"/> CD8 T cell Lymphopenia
Other relevant information				