Advanced Diagnostic Laboratories National Jewish Health®

Preanalytical Laboratory | 800.550.6227 phone | 303.270.2175 fax | njlabs.org

SHIP TO: **National Jewish Health**
Preanalytical Laboratory
1400 Jackson Street
Denver, CO 80206

Bronchiectasis Panel Requisition

1. PATIENT INFORMATION			
Patient Name (Last, First)			DOB __ __ / __ __ / __ __ __ __
☐ Male ☐ Female ☐ Neutral/Other ☐ Unknown			
Address	City	State	Zip
Phone			

2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY			**3. REPORT DELIVERY INFORMATION**		
National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.			☐ Same as Billing Address		
			Client ID		
Client ID			Client Name		
Client Name			Address		
Address			City	State	Zip
City	State	Zip	Phone	Secure Fax	
Phone			☐ Duplicate Report Requested	Attn	
Secure Fax			Phone	Secure Fax	

4. SPECIMEN INFORMATION		
Submitted by	Phone	Fax
Submitter Specimen#	Actual Specimen Collection Date	Collection Time

5. SPUTUM SUMBISSION INFORMATION		
☐ TB screen (NAAT) screen is needed (AFB2)	☐ Cystic Fibrosis Patient	☐ Known history of *Pseudomonas* sp.

ALL TESTING (SPUTUM AND SERUM)
6. COMPLETE BRONCHIECTASIS PANEL
☐ Full Assay Workup *All assays below included, Panels 6-10, charges only applied for relevant testing*

SPUTUM TESTING	
7. NTM LUNG INFECTION SCREENING	
☐ NTM Smear, culture, identification, and appropriate phenotypic/genotypic susceptibility testing	AFB3 + APPRO *requires at least 3 consecutive sputum samples for testing drawn over 3 days to 6 months*
Consider also sending bacterial and fungal culture (CXRES, CXFUN) to your local laboratory for additional results due to overgrowth of organisms in transit	

SERUM TESTING	
8. ABPA PANEL	
☐ Total IgE and Aspergillus-specific IgGs ABPAP	ASPF1, ASPF6, ASPMX, TIGE
9. IMMUNODEFICIENCY PANEL	
☐ Immunodeficiency Biomarker Screening	HIVSC, IGG, IGM, IGA
10. ALPHA-1 ANTITRYPSIN SCREENING	
☐ Alpha 1 Levels and Genotype A1LGP	A1AT, A1ATG *Whole blood needed in addition to serum for this testing*
11. AUTOANTIBODY SCREENING PANEL	
☐ Autoantibody Assay	ANA, ENA6, SSA, SSB *Charges only applied for relevant testing*
☐ Autoantibody Extended Workup	SSP12, MYOS, CCP, RF, ESR, HSCRP

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