



CMVC8 / Cytomegalovirus (CMV) CD8 T-Cell Immune Competence, Quantitative Assessment by Flow Cytometry, Blood

- This test will only be performed if HLA class I typing information is provided and the patient is positive for **1 or more** of the 5 MHC alleles: HLA A1, A2, B7, B8, or B35.
- Do not order this test for patients who have **never** been CMV seropositive.
- The laboratory is not responsible if inaccurate HLA or clinical information is provided.

Patient Information

Patient Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>	Patient ID (Medical Record Number, if available)
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

Referring Provider Information

Referring Provider Name <i>(Last, First)</i>	Phone	Fax*
Other Contact Name <i>(Last, First)</i>	Phone	Fax*

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing (required)

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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>(mm-dd-yyyy)</i>

Clinical Information

Does the patient have primary immunodeficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient on immunosuppressive therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient ever been CMV seropositive? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have active CMV disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient had recent antirejection therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No