Quest Diagnostics®

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DATE OF REQUEST / /

JHU IMPAACT P1107
600 N. WOLFE ST. - PATHOLOGY
CARNEGIE 446-2
BALTIMORE MD 21287
TEL: 410-502-1342
FAX: 410-287-2837

R- 769656 **B- 769656**

PID: **SID:**

Week / (VID): **SEX:** **BIRTH DATE:** mo. / day / yr.

DRAW DATE / / **24hr TIME:** :

LABORATORY USE ONLY

SERUM SST	LAVENDER	YELLOW	GREEN	BLUE	FROZEN	OTHER	TOTAL # OF TESTS	LOGGED BY

TESTS **AUTHORIZING SIGNATURE**

IMPAACT PROTOCOL P1107 - Version 1.0

Plasma / Cell Processing

WEEK	TUBE	# x VOLUME	CODE	TEST NAME
	Lav		64709	Plasma Storage[1]
			64550	Cell Storage[2]
			48280	Monocell Freeze
			40783	SS Cell Storage2[3]

INSTRUCTIONS

PLEASE FILL IN THE PATIENT IDENTIFICATION. IF YOU HAVE AN SDAC LABEL FOR THIS PATIENT, PLACE IT ABOVE THE SID LINE.

PLEASE CIRCLE THE APPROPRIATE STUDY TIMEPOINT AND CORRESPONDING TESTS.

THIS IS A REQUISITION FOR TESTS PERFORMED AT QUEST DIAGNOSTICS INCORPORATED. IT DOES NOT SUPPLANT THE PROTOCOL AS A SCHEDULE OF EVALUATIONS.

CLINIC NOTES

LAB NOTES

[1] Double spin at 800 x g for 10 minutes each and store all plasma at 0.5mL/vial. Freeze at -70°C.

[2] Store PBMCs as follows:
1 vial at $1.2x10^6$ cells/vial, and
2 vials at $5x10^6$ cells/vial.

[3] Store 4 vials of dry cell pellets at $1x10^6$ cells/pellet

Save additional PBMCs at up to $5x10^6$ cells/vial

LABORATORY USE

(Place A-Lab Barcode Here)

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