

Instructions:

The TREC Assay requires that every patient have a pre-transplant (pre-conditioning) or pre-HAART treatment specimen drawn to enable longitudinal follow-up of TREC counts after hematopoietic stem cell transplant or HAART therapy. Serial monitoring post-transplant or treatment is recommended to establish trends in immune response and comparisons will be made to patient's pre-transplant/treatment (baseline) specimen.

The assay will not be performed on post transplant/treatment specimens unless a baseline has been established.

Specimens must be shipped overnight at **AMBIENT** temperature (20°C - 25°C). Specimens cannot be refrigerated or frozen. Specimens that arrive at temperatures above the ambient temperature undergo varying degrees of hemolysis which may interfere with the performance of the assay. Testing will be cancelled on hemolyzed specimens.

Patient Information

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

Treatment History (Check all that apply)

Stem Cell Transplant (SCT) or Bone Marrow Transplant (BMT)		Conditioning Date (Month DD, YYYY)
Pre-Stem Cell or Bone Marrow Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No		
Post-Stem Cell or Bone Marrow Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No		SCT/BMT Date (Month DD, YYYY)
Number of days post SCT/BMT	T-Cell depleted SCT <input type="checkbox"/> Yes <input type="checkbox"/> No	Conditioning received <input type="checkbox"/> Yes <input type="checkbox"/> No
Thymus Transplant	Post-Thymus Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No	Thymus Transplant Date (Month DD, YYYY)
Pre-Thymus Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAART		Initiation of HAART Date (Month DD, YYYY)
Receiving HAART <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 (check all that apply)		
<input type="checkbox"/> Stem Cell or Bone Marrow Transplant	<input type="checkbox"/> Severe Combined Immunodeficiency	<input type="checkbox"/> CD3 T cell Lymphopenia
<input type="checkbox"/> Allo Stem Cell Transplant	<input type="checkbox"/> DiGeorge's Syndrome	<input type="checkbox"/> CD4 T cell Lymphopenia
<input type="checkbox"/> Auto Stem Cell Transplant	<input type="checkbox"/> HIV Positive	<input type="checkbox"/> CD8 T cell Lymphopenia
<input type="checkbox"/> Cord Blood		
<input type="checkbox"/> Other, please describe		

Other relevant information		