



**Patient Information**

Print Name (Last, First MI): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Sex \_\_\_\_\_  
 Male  Female  
Patient email address: \_\_\_\_\_

**Patient Medical History**

List of medical conditions (for example, asthma, diabetes, epilepsy):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List of current medications require (include dosage):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician/Client Information**

Ordering Physician Name: _____	NPI #: _____	Additional Physician: (Name will appear on report) _____
Institution/Facility/Office Name: _____		Institution/Facility/Office Name: _____
Office Address: _____		Office Address: _____
Contact Name: _____		Contact Name: _____
Phone: _____ Fax: _____		Phone: _____ Fax: _____

**Tests Requested**

**NK Vue - NK Cell Activity**

**Clinical Specimen Information** \*\*Must be COMPLETELY filled out for specimens collected outside NKMax Laboratory\*\*

**Specimen Collection:**  
Date of Collection: \_\_\_\_\_ Specimen Type: NK Vue Tube  Yes  No  
Time of Collection: \_\_\_\_\_ Specimen Collected by: \_\_\_\_\_  
**Specimen Processing:**  
Specimen Processing Facility: \_\_\_\_\_ Specimen Processed by: \_\_\_\_\_  
Date/Time of Incubation Started: \_\_\_\_\_ Date/Time of Incubation Completed: \_\_\_\_\_  
Storage Temperature after Incubation: \_\_\_\_\_  
**Specimen Transportation:**  
Specimen Pickup Date/Time: \_\_\_\_\_ Specimen Storage Temperature at Pickup: \_\_\_\_\_  
Specimen Pickup by: \_\_\_\_\_  
Specimen Delivered Date/time: \_\_\_\_\_ Specimen Storage Temperature at Delivery: \_\_\_\_\_  
Specimen Delivered by: \_\_\_\_\_ Specimen Received by: \_\_\_\_\_

**Physician Signature**

X \_\_\_\_\_  
Ordering Physician (signature) \_\_\_\_\_ Print Name \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_