



# Laboratory Requisition

**NKMax America, Inc.**  
 3001 Daimler St., Santa Ana, CA 92705  
 Laboratory Medical Director: Basel Kashlan, MD  
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Client Services Contact Information  
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**Patient Information**

**Print Name**

\_\_\_\_\_  
Last First MI

**Address**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

**Date of Birth**

\_\_\_\_\_  
MM/DD/YYYY

**Sex**

Male  Female  
 Other

**Phone Number**

\_\_\_\_\_

**Patient email address**

\_\_\_\_\_

**Notes**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Physician/Client Information**

<b>Ordering Physician Name</b>	<b>NPI #</b>	<b>Additional Physician Name</b>	<b>NPI #</b>
_____	_____	_____	_____
<b>Institution/Facility/Office Name</b>		<b>Institution/Facility/Office Name</b>	
_____		_____	
<b>Address</b>		<b>Address</b>	
_____		_____	
<b>Phone</b>	<b>Fax</b>	<b>Phone</b>	<b>Fax</b>
_____	_____	_____	_____

**Tests Requested**

**NK Vue - NK Cell Activity**

**Clinical Lab Test** \*\*Specimen Information must be COMPLETELY filled out for specimen collected outside NKMax Laboratory\*\*

**1) Specimen Collection**

NK VUE Tube  
 Stored between 2 to 8°C?  Yes  No  
 Lot Number: \_\_\_\_\_  
 Expiry date: \_\_\_\_\_

Specimen  
 Collection Date: \_\_\_\_\_  
 Collection Time: \_\_\_\_\_  
 Collected By: \_\_\_\_\_

**2) Specimen Processing**

Facility Name: \_\_\_\_\_  
 Processed By: \_\_\_\_\_  
 Incubation Start Date: \_\_\_\_\_  
 Incubation Start Time: \_\_\_\_\_  
 Incubation Completion Date: \_\_\_\_\_  
 Incubation Completion Time: \_\_\_\_\_  
 Temperature during incubation within 36 to 38°C?  Yes  No  
 Storage temperature after incubation:  2 to 8°C  -20°C

**Specimen Transportation** \*\*NK Max Use Only\*\*

**1) Specimen Pickup**

Specimen Pickup Date: \_\_\_\_\_  
 Specimen Pickup Time: \_\_\_\_\_  
 Specimen Pickup By: \_\_\_\_\_  
 Storage condition at Pickup:  Refrigerated  Frozen

**2) Specimen Receipt**

Specimen Received Date: \_\_\_\_\_  
 Specimen Received Time: \_\_\_\_\_  
 Specimen Received By: \_\_\_\_\_  
 Storage condition at Receipt:  Refrigerated  Frozen

**Physician Signature**

X \_\_\_\_\_  
Ordering Physician Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (MM/DD/YY)