Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

TREC Assay Patient Information

T R E C P T I N

Instructions: Send specimen Monday through Thursday only. Specimen should arrive within 48 hours of draw. Draw and package specimen under strict ambient conditions as close to shipping time as possible. Ship specimen overnight in an ambient shipping box (Ambient Shipping Box-Critical Specimens Only-T668).

Patient Information

Patient Name *(Last, First, Middle)*	Birth Date *(mm-dd-yyyy)*	Sex ☐ Male ☐ Female
Referring Provider Name *(Last, First)*	Phone	Fax*
Other Contact Name *(Last, First)*	Phone	Fax*

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

Reason for Testing

Treatment History Check all that apply.

Hematopoietic Cell Transplant (HCT) or Bone Marrow Transplant (BMT) Pre-Stem Cell or Bone Marrow Transplant ☐ Yes ☐ No		Conditioning Date *(mm-dd-yyyy)*	
Post-Stem Cell or Bone Marrow Transplant ☐ Yes ☐ No		HCT/BMT Date *(mm-dd-yyyy)*	
Number of Days Post HCT/BMT	T-Cell Depleted HCT ☐ Yes ☐ No	Conditioning Received ☐ Yes ☐ No	
Thymus Transplant Pre-Thymus Transplant ☐ Yes ☐ No	Post-Thymus Transplant ☐ Yes ☐ No	Thymus Transplant Date *(mm-dd-yyyy)*	
HAART Receiving HAART ☐ Yes ☐ No	Initiation of HAART Date *(mm-dd-yyyy)*	Pre-HAART specimen ☐ Yes ☐ No	Post-HAART specimen ☐ Yes ☐ No

Clinical History

Diagnosis; check all that apply:

- ☐ Hematopoietic cell or bone marrow transplant
  - ☐ Allotransplant
  - ☐ Autotransplant
  - ☐ Cord blood
- ☐ Other; describe below:
- ☐ Severe combined immunodeficiency
- ☐ DiGeorge Syndrome
- ☐ HIV positive
- ☐ CD3 T-cell lymphopenia
- ☐ CD4 T-cell lymphopenia
- ☐ CD8 T-cell lymphopenia

Other Relevant Information

Print