

# Laboratory Requisition: Neutralizing Antibodies (NABs) To Interferons

Date:

REQUESTING LABORATORY			
Name			
Address		Telephone	Fax Number
City / Town		Province	Postal Code
Billing Information			
PATIENT INFORMATION			
Province of Origin			
Patient Last Name		First Name	Initial      Gender (M/F)
Personal Health Number		Date of Birth (Month/Day/Year)	
Address		Telephone	Fax Number
City / Town		Province	Postal Code
REFERRING PHYSICIAN			
Physician Last Name		First Name	Billing Number
Address		Telephone	Fax Number
City / Town		Province	Postal Code
COPY TO PHYSICIAN			
Physician Last Name		First Name	Billing Number
SPECIMEN INFORMATION			
Test Requested <b>Neutralizing Antibody to Beta Interferons</b>		Collection Date (Month/Day/Year)	Collection Time (24h clock)
Previous Treatment Drug / Duration (Month/Day/Year)		Current Treatment Drug / Duration (Month/Day/Year)	
<input type="checkbox"/> Avonex      from _____ to _____ <input type="checkbox"/> Betaseron    from _____ to _____ <input type="checkbox"/> Rebif 44      from _____ to _____ <input type="checkbox"/> Rebif 22      from _____ to _____ <input type="checkbox"/> Copaxone     from _____ to _____		<input type="checkbox"/> Avonex      from _____ to present <input type="checkbox"/> Betaseron    from _____ to present <input type="checkbox"/> Rebif 44      from _____ to present <input type="checkbox"/> Rebif 22      from _____ to present <input type="checkbox"/> Copaxone     from _____ to present	
<p>PLEASE DRAW 2 TUBES, 7.5MLS WITH SST ACTIVATOR            SPIN, ALIQUOT SERUM, FREEZE &amp; BATCH FOR DELIVERY ON            ICE PACKS ( Dry Ice not necessary)</p> <p>NO SATURDAY / SUNDAY DELIVERY</p> <p>DELIVER TO            NEUROIMMUNOLOGY LABS            BRAIN RESEARCH CENTRE            UBC HOSPITAL, ROOM S157            2211 WESBROOK MALL            VANCOUVER BC V6T 2B5            ATTENTION TARIQ</p> <p>Dr. J Oger (604) 822 7548            Laboratory (604) 822 7175            Secretary/Billing (604) 822 7896            Facsimile (604) 822 0768</p>			
<p><b>SAMPLES WILL NOT BE            ASSAYED IF INFORMATIONS            ARE INCOMPLETE.</b></p>			
Signature of Requesting Physician			