

****This requisition form is ONLY for out of province labs using, please note that Mitogen lab ONLY sends the reports to the referral labs.**

Dr. M.J. Fritzler, Director
 3330 Hospital Dr. NW: HRIC3A26;
 Calgary, AB T2N 4N1
 Phone: 403-220-4582 Fax: 403-210-8616
 Email: madl@ucalgary.ca
 Website: www.mitogen.ca

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Autoantibody Test Requisition

Patient Information:

Referring Physician Information:

*Name: (Surname, First)	*Dr. Name: (Surname, First)
*PHN :	*Phone:
*DOB: (dd/mm/yy) *Gender:	* Fax# :
*Address:	*Email:
Postal Code:	

Referring Lab Information:

Sample Information:

*Lab Name:	*Date/Time collected: (dd/mm/yy: hr)
*Address:	*Diagnostic Information pertinent to autoantibody test request:
*Phone :	Phlebotomy lab: All tests ordered can be done on serum/CSF from a single SST tube: minimum sample volume 3.0 ml .
*Fax #	

*** = Required information.**

Medical Personnel: Please mark ALL tests to be done.

<p>*Anti-Cellular Antibodies (Atypical and Cell Cycle Patterns)</p> <p>*Anti-dsDNA: quantitative SLE disease activity</p> <p>*Anti-single stranded DNA (ELISA)</p> <p>*Anti-Histone: Drug-Induced Lupus</p> <p>*Anti-DFS (Dense Fine Speckled70/LEDGF)</p>	<p>*Nephritis:</p> <p>-Idiopathic Membranous Nephropathy:</p> <p style="padding-left: 20px;">Anti-PLA2R (phospholipase A2 receptor)</p> <p>-Primary Membranous Nephropathy: Anti-THSD7A (thrombospondin)</p> <p>*Inflammatory Bowel Disease profile: ASCA (IgG + IgA);</p>	<p>*Encephalitis:</p> <p>- NMDA (NR1) Receptor Antibodies</p> <p>- Anti-DPPX (dipeptidyl aminopeptidase-like 6)</p> <p>- VGKC Antibodies (Voltage gated potassium channel – LGI1 & Caspr2)</p> <p>- Anti-GABAB Receptor</p> <p>- Anti-AMPA Receptor</p>
<p>*Systemic Lupus Profile:</p> <p>anti- Sm , U1RNP, Ro52/TRIM21, SSA/Ro60, SSB/La, PCNA, dsDNA, Chromatin, Ku.</p>	<p>* Arthritis Panel:</p> <p>-Anti-Citrullinated peptides – anti- HCP1,HCP2,VCP1 and VCP2</p> <p>-Rheumatoid Factor (IgM) IgA available</p>	<p>*Paraneoplastic Disease Profile:</p> <p>Amphiphysin, Ri (NOVA-1), Yo, Hu, PNMA2 (Ma2/Ta), CV2/CRMP-5, Recoverin, SOX1, Titin.</p> <p>* Idiopathic Ataxia</p> <p>Anti-MPP-1 (LDT)</p>
<p>*Scleroderma/Systemic Sclerosis Profile:</p> <p>Anti-CENP A + B, Topo-I/Scl-70, RNA polymerase III, fibrillarin, Th/To, Ku, PDGFR, Ro52/TRIM21, PM/Scl-75, PM/Scl-100, NOR90/hUBF</p> <p>*Sjögren's Syndrome Profile:</p> <p>Anti-SS-A/Ro, SS-B/La, anti-Ro52/TRIM21</p> <p>*Nucleolar Autoantibody Profile</p> <p>*Nuclear Envelope/Membrane Profile</p>	<p>*Autoimmune Myopathy / Myositis Profile:</p> <p>Jo-1, Mi2, Mi2-α, Mi2β, MDA5, NXP2, TIF1γ PL7, PL12, PM/Scl75, PM/Scl100, Ku, SRP, Ro52, EJ, OJ, Ro52.</p> <p>* Immune Mediated Necrotizing Myopathy and Stain Related Myopathy :</p> <p>-Anti-HMGCR , Anti-SRP</p> <p>*Inclusion Body Myositis:</p> <p>- Anti-NT5C1 A (LDT)</p> <p>*Myasthenia Gravis: Anti-AChR</p>	<p>*Neurological Disease Profile (IgG +IgM):</p> <p>Anti-GM1, GM2, GM3, GD1a, GD1b, GT1b, GQ1b</p> <p>*Neuromyelitis Spectrum Profile : (NMO/MOG)</p> <p>Anti-Aquaporin 4/ Anti-Myelin Oligodendrocyte Glycoproteins</p> <p>*Anti-myelin associated glycoproteins (MAG)</p> <p>* Anti-IgLON5</p> <p>*Anti-GAD 65</p>
<p>*Anti-Phospholipid Syndrome</p> <p>- Anti-Domain 1 β2GPI</p> <p>- Phosphatidylserine/Prothrombin Complex (PS/PT) -IgG, IgM: Lupus Inhibitor/ Anticoagulant Replacement</p>	<p>*Autoimmune Liver Disease Profile: M2/M3, 3EBPO, LKM, SLA, SP100, gp210, PML, LC-1, Ro 52/TRIM21</p> <p>*Cytoplasmic Dot Profile</p> <p>GW Bodies (Ge-1, GW182, Ago-2); EEA1 (LDT)</p> <p>*Cancer Associated Autoantibody Panel:</p> <p>CENP-F, P53 (LDT)</p>	<p>*Vasculitis</p> <p>- ANCA/PR3, MPO quantitative by CIA</p> <p>- Atypical ANCA by multiplex: Anti-Lamp2, Anti-Elastase (Levamisole/Cocaine Related) LDT</p> <p>- Anti-p140/p155/TRIM28 (LDT)</p>
<p>Bullous Autoimmune Skin Disease Profile (BP180, BP230,Desmoglein 1, Desmoglein 3)</p>	<p>*Lung</p> <p>- Interstitial Lung Disease Antibody (ILD) Profile</p> <p>- Alveolar Proteinases :anti-GMCSF (LDT)</p>	<p>Other (specify):</p>

Please send properly labeled and packaged serum samples with this requisition to:
Mitogen Advanced Diagnostics Laboratory; c/o Dr. MJ Fritzler.
University of Calgary (HRIC 3A26), 3330 Hospital Dr. NW Ca l g a r y , AB T2N 4N1