

For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

# IMMUNOLOGY AUTOIMMUNE LABORATORY REQUISITION

Acceptance Policy 10-50-03: Requirements for Test Requisitions 2.1 - Fields marked with \* are mandatory and must be clearly legible or can result in specimen rejection.

ORDERING PROVIDER INFORMATION		PATIENT INFORMATION	
*Last & Full First Name:	Billing Code:	*Last/First Name: (per MB Health Card)	
* Ordering Facility:	Inpatient Location:	* Date of Birth (dd/mm/yyyy)	
Address		*Sex: Female Male	
Critical Results Phone Number:	Fax No:	*PHIN:	
Phone No.:		*Specify Province or DND if different	
<b>COPY REPORT TO: (If info missing, report may not be sent)</b>			
Last & Full First Name:	Fax No:	MRN:	
Facility Name/Address:	Phone No:	Encounter Number:	
Last & Full First Name:	Fax No:	Patient Phone Number:	
Facility Name/Address:	Phone No:	Patient Address:	
Demographics verified with: <input type="checkbox"/> Prov. Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR			
<b>Collection Information (fields marked with ♦ required by person collecting sample)</b>			
♦ Collector:	♦ Collection Date:	♦ Collected via: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line	
♦ Collection Facility/Lab:	♦ Collection Time:	Referring Lab: # of tubes sent _____ Samples shipped frozen <input type="checkbox"/>	
# Serum vial(s) _____	# Plasma vials(p) _____		

### Clinical Information/Diagnosis:

LAB USE ONLY  
PLACE BARCODE HERE

<b>Connective Tissue Disease (IFA/LIA, EIA)</b>	<b>Rheumatoid Arthritis (EIA)</b>	<b>Myasthenia Gravis (IFA, EIA)</b>
<input type="checkbox"/> HEP2 Antinuclear Ab HEP2 Substrate	<input type="checkbox"/> CCP Cyclic Citrullinated Peptide	<input type="checkbox"/> ACHR Acetylcholine Receptor
<input type="checkbox"/> DNA Double Stranded DNA		<input type="checkbox"/> STR Striated Muscle
<b>Inflammatory Bowel Disease (IFA/EIA)</b>	<b>Antiphospholipid Syndrome (EIA)</b>	<b>Bullous Dermatoses (IFA)</b>
<input type="checkbox"/> IBD Inflammatory Bowel Disease Profile ▲ Anti-Saccharomyces Cerevisiae (IgG/IgA) ▲ Cytoplasmic Neutrophilic Ab	<input type="checkbox"/> APHL Antiphospholipid Profile ▲ Cardiolipin IgG/IgM ▲ Beta-2-glycoprotein IgG/IgM	<input type="checkbox"/> ABD Autoimmune Bullous Dermatoses [PGUS, DSG1 & 3, PGOID, BP180 & 230, Salt Split Skin]
<b>Autoimmune Liver Disease (IFA)</b>	<b>Vasculitis Disease (IFA/EIA)</b>	<b>Celiac Disease (IFA/EIA)</b>
<input type="checkbox"/> LDP Liver Disease Profile ▲ Antinuclear Ab HEP2 Substrate ▲ Mitochondrial, Smooth Muscle & Liver-Kidney-Microsome	<input type="checkbox"/> ANCA Cytoplasmic Neutrophilic Ab	<input type="checkbox"/> TTGA Tissue Transglutaminase IgA
	<input type="checkbox"/> MPO Myeloperoxidase	
	<input type="checkbox"/> PR3 Proteinase 3	
<b>Other (IFA)</b>		
<input type="checkbox"/> PCA Parietal Cell Antibody	<input type="checkbox"/> GBM Glomerular Basement Membrane	

### \*\*\*Restricted to Specialists or Prior Approval\*\*\*

<b>Primary Membranous Nephropathy (IFA)</b>	<b>Encephalitis (IFA)</b>	<b>Paraneoplastic (IFA/LIA)</b>
<input type="checkbox"/> PLA2 Anti-Phospholipase A2 Receptor [Anti-PLA2R]	<input type="checkbox"/> ENCS Encephalitis Profile (Serum) [NMDA-R, DPPX, GABAB-R, AMPA-R, VGKC (LG1, CASPR2)]	<input type="checkbox"/> PDPS Paraneoplastic Disease Profile (Serum) [Hu, Ri, Yo, PNMA2 (Ma2/Ta), CV2, Amphiphysin, Tr(DNER), GAD65, SOX1, Titin, Zic4, Recoverin]
<input type="checkbox"/> THSD Anti-thrombospondin type-1 domain-containing protein 7A [Anti-THSD7A]	<input type="checkbox"/> ENCC Encephalitis Profile (CSF)	<input type="checkbox"/> PDPC Paraneoplastic Disease Profile (CSF)
<b>Neurological (IFA, LIA)</b>	<b>Inflammatory Myopathies (LIA)</b>	<b>Systemic Scleroderma (Nucleoli) (LIA)</b>
<input type="checkbox"/> GANG Ganglioside Profile IgG & IgM [GM1, GM2, GM3, GD1a, GD1b, GT1b, GQ1b]	<input type="checkbox"/> MYOP Myositis Profile [Mi-2a, Mi-2b, TIF1g, MDA5, NXP2, SAE1, Ku, PM-Scl100, PM-Scl-75, Jo-1, SRP, PL-7, PL-12, EJ, OJ, Ro-52]	<input type="checkbox"/> SSP Systemic Sclerosis Profile [Scl-70, CENP A, CENP B, RP11, RP155, Fibrillarln, NOR90, Th/To, PM-Scl100, PM-Scl75, Ku, PDGFR, Ro-52]
<input type="checkbox"/> GAD Neurological Anti-GAD65	<b>Interstitial Lung Disease (LIA)</b>	
<input type="checkbox"/> NMOS Neuromyelitis Optica Spectrum [Anti-AQP4, Anti-MOG]	<input type="checkbox"/> ILDP Interstitial Lung Disease Profile [Mi-2a, Mi-2b, TIF1g, MDA5, NXP2, SAE1, Ku, Scl-70, PM-Scl100, PM-Scl-75, Jo-1, SRP, PL-7, PL-12, EJ, OJ, Ro-52, CENP A, CENP B, RP11, RP155, Fibrillarln, NOR90, Th/To, PDGFR]	