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
COPY REPORT TO: *(If info missing, report may not be sent)*		MRN:
Last & Full First Name:	Fax No:	Encounter Number:
Facility Name/Address:	Phone No:	Patient Phone Number:
Last & Full First Name:	Fax No:	Patient Address:
Facility Name/Address:	Phone No:	Demographics verified with: ❑ Prov. Health Card ❑ Armband ❑ eChart/CR
Collection Information (fields marked with ♦required by person collecting sample)		
♦ Collector:	♦ Collection Date:	♦Collected via: ❑ Venipuncture ❑ Capillary ❑ Indwelling Line
♦ Collection Facility/Lab:	♦ Collection Time:	
# Serum vial(s) _____	# Plasma vials(p) _____	Referring Lab: # of tubes sent _____ Samples shipped frozen ❑

Clinical Information/Diagnosis:

LAB USE ONLY
PLACE BARCODE HERE

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

*****Restricted to Specialists or Prior Approval*****

Primary Membranous Nephropathy (IFA)	**Encephalitis (IFA)**	**Paraneoplastic (IFA/LIA)**
☐ **PLA2** **Anti-Phospholipase A2 Receptor** [Anti-PLA2R]	☐ **ENCS** **Encephalitis Profile (Serum)** [NMDA-R, DPPX, GABAB-R, AMPA-R, VGKC (LGI1, CASPR2)]	☐ **PDPS** **Paraneoplastic Disease Profile (Serum)** [Hu, Ri, Yo, PNMA2 (Ma2/Ta), CV2, Amphiphysin, Tr(DNER), GAD65, SOX1, Titin, Zic4, Recoverin]
☐ **THSD** **Anti-thrombospondin type-1 domain-containing protein 7A** [Anti-THSD7A]	☐ **ENCC** **Encephalitis Profile (CSF)**	☐ **PDPC** **Paraneoplastic Disease Profile (CSF)**
Neurological (IFA, LIA)	**Inflammatory Myopathies (LIA)**	**Systemic Scleroderma (Nucleoli) (LIA)**
☐ **GANG** **Ganglioside Profile IgG & IgM** [GM1, GM2, GM3, GD1a, GD1b, GT1b, GQ1b]	☐ **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]	☐ **SSP** **Systemic Sclerosis Profile** [Scl-70, CENP A, CENP B, RP11, RP155, Fibrillarin, NOR90, Th/To, PM-Scl100, PM-Scl75, Ku, PDGFR, Ro-52]
☐ **GAD** **Neurological Anti-GAD65**	**Interstitial Lung Disease (LIA)**	
☐ **NMOS** **Neuromyelitis Optica Spectrum** [Anti-AQP4, Anti-MOG]	☐ **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, Fibrillarin, NOR90, Th/To, PDGFR]	

Shared health Soins communs Manitoba

Immunology Laboratory, St. Boniface Hospital
L1011, 409 Tache Avenue
Winnipeg, MB R2H 2A6
Phone: 204-237-2026
Fax: 204-233-0826

Additional requisitions and sample requirements available at:
https://apps.sbgh.mb.ca/labmanual/

SAP # 346477 10/22

R250-10-85 V02
Effective date: 8-JUL-2022