

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)			
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: <input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other			
Collection Information (fields marked with ♦ required by person collecting sample)			
♦ Collector:	♦ Collection Date:	♦Collection: <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

Connective Tissue Disease (Multiplex)

- ANA** Antinuclear Ab Screen
- DNA** Double Stranded DNA
- ENA** SSA(Ro), SSB(La), Sm, Sm/RNP, Scl 70, Jo-1
 - SSA** SSA (Ro)
 - SSB** SSB (La)
 - SM** Sm
 - RNP** Sm/RNP
 - SCL** Scl 70
 - JO1** Jo-1
- CENB** Centromere B
- RIBP** Ribosomal P
- RBNP** RNP A & 68
- CROM** Chromatin

Celiac Disease (Multiplex)

- GLUG** Tissue Transglutaminase IgA
- TTG** Tissue Transglutaminase IgG (IgA <0.07g/L)

Phospholipid Syndrome (Multiplex)

- APHL** Cardiolipin IgG/IgM, Beta-2-glycoprotein IgG/IgM

Vasculitis Disease (IFA/Multiplex)

- ANCA** Cytoplasmic Neutrophilic Ab
- MPO** Myeloperoxidase
- PR3** Proteinase 3

Connective Tissue Disease (IFA)

- HEP2** Antinuclear AB Hep20/10 Substrate

Rheumatoid Arthritis (Multiplex)

- CCP** Cyclic Citrullinated Peptide

Liver Disease (IFA)

- LDP** HEP2, LKS
- HEP2** Antinuclear AB Hep20/10 Substrate
- LKS** Mitochondrial, Smooth Muscle & Liver-Kidney-Microsome

Myasthenia Gravis (EIA/IFA)

- ACHR** Acetylcholine Receptor
- STR** Striated Muscle

Inflammatory Bowel Disease (EIA/IFA/Multiplex)

- IBD** ASCA, ANCA
- ASCA** Anti-Saccharomyces Cerevisiae (IgG/IgA)
- ANCA** Cytoplasmic Neutrophilic Ab

Bullous Dermatoses (IFA)

- ABD** PGUS, PGOID, DSG1 & 3, BP180 & 230, Salt Split Skin

Other (IFA/Multiplex)

- PCA** Parietal Cell
- AEMA** Endomysial IgA
- GBM** Glomerular Basement Membrane



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Additional requisitions and sample requirements available at:
<https://apps.sbg.h.mb.ca/labmanual/>

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