



PLEASE COMPLETE ALL INFORMATION BELOW, PRINT CLEARLY

PRIMARY REPORT TO:
NAME OF PHYSICIAN
ORDERING TEST: (LAST) (FIRST)
EMERGENCY CONTACT NUMBER:
REFERRING INSTITUTION NAME AND ADDRESS OR CODE:
CRITICAL RESULTS PHONE NUMBER:
IF AN ADDITIONAL REPORT IS REQUIRED, PLEASE COMPLETE THE FOLLOWING:
PHYSICIAN NAME:
BILLING CODE:
ADDRESS:
CITY: **PROV.** **POSTAL CODE**
TELEPHONE NO. **FAX NO.**

INPATIENT LOCATION (WARD):

OUTPATIENT LOCATION (ADDRESS):

PATIENT NAME:
LAST, FIRST

Phone #:

DATE OF BIRTH:
DD/MMM/YYYY

OUTPATIENT TELEPHONE NUMBER

SEX: F M

FACILITY PATIENT
ID NO.:

PHIN (9 DIGITS):

PHYSICIAN (PRINT):
LAST, FIRST

PHYSICIAN BILLING CODE

COLLECTION DATE:

COLLECTION TIME:

COLLECTED BY:
NAME, INITIALS

SPECIMEN TYPE:

HISTORY AND CLINICAL IMPRESSION REQUIRED:	SPECIMEN ID #
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FLOW CYTOMETRY	HEALTH SCIENCES CENTRE
<i>REASON FOR TESTING MUST BE PROVIDED ABOVE (EXCEPTION PB48)</i>	
<input type="checkbox"/> CD4/CD8 subsets (EDTA)..... PB48 <input type="checkbox"/> Enumeration Panel (T, B & NK cells) (EDTA)..... PBEN <input type="checkbox"/> Paroxysmal Nocturnal Hemoglobinuria (EDTA)..... PNH <input type="checkbox"/> Oxidative Burst (HSC only) (EDTA)*..... OBRT <input type="checkbox"/> Hereditary Spherocytosis (EDTA) HSFC	<input type="checkbox"/> Immunophenotyping Peripheral Blood (EDTA) PBFC <input type="checkbox"/> Immunophenotyping Bone Marrow (Heparin)..... BMFC <input type="checkbox"/> Immunophenotyping Lymph Node LNFC <input type="checkbox"/> Immunophenotyping Fluid FLFC <input type="checkbox"/> Immunophenotyping Fine Needle Aspirate FNFC <input type="checkbox"/> Immunophenotyping Tissue TSFC
<i>*PRIOR ARRANGEMENT WITH LABORATORY REQUIRED</i>	

ST. BONIFACE HOSPITAL TESTS

Systemic Autoimmune Disease

ANA SCREEN ANA
 dsDNA DNA
 ENA (includes the following group of 6 antigens)
 SSA (Ro) SSA SSB (La) SSB
 JO-1 JO1 Scl-70 SCL
 Sm SM Sm/RNP RNP
 Centromere B CENB Hep2 HEP2

Rheumatoid Arthritis

Cyclic Citrullinated Peptide CCP

Celiac Disease

CELIAC Panel (includes Tissue Transglutaminase IgA & IgG and Endomysial IgA as required) GLUG
 ONLY Tissue Transglutaminase IgG TTG

Inflammatory Bowel Disease

Saccharomyces Cerevisiae (IgG & IgA) ASCA
 IFA Neutrophil Cytoplasmic Ab (does not include MPO and PR3) IFNC

Phospholipid Syndrome

Antiphospholipid (includes Ab to Cardiolipin IgG, Cardiolipin IgM, beta 2 glycoprotein 1 IgG, and beta 2 glycoprotein 1 IgM) ... APHL

Autoimmune Vasculitis

Myeloperoxidase MPO Proteinase 3 PR3

Organ Specific Autoantibodies

Mitochondrial AMA Adrenal ADA
 Smooth Muscle SMA Pemphigus PGUS
 Liver/Kidney Microsomal LKM Pemphigoid PGOD
 Parietal Cell PCA Striated Muscle STR
 Glomerular Basement Membrane GBM Acetylcholine Receptor ACHR
 Endomysial IgA AEMA

HEALTH SCIENCES CENTRE TESTS

Protein Quantitation (Serum)

IgG IGG
 IgA IGA
 IgM IGM
 IgG Subclasses IGGS
 Complement C3 C3
 Complement C4 C4
 Rheumatoid Factor (RF) RF
 Free Light Chain Ratio FLCH
 C1 Esterase Inhibitor CEI

Monoclonal Gammopathy Investigation
(includes M peak and immunoglobulin levels when applicable)

SERUM PE Initial Follow-up
 URINE PEU Initial Follow-up

Total Complement Activity CH50
(Aliquot and freeze within 1 hour of collection)

Serum Viscosity VIS
(Minimum 20 mL RED TOP/NO GEL required; clot at 37°C and aliquot)

Serum Cryoglobulin CRYO
(Minimum 15 mL RED TOP/NO GEL; clot at 37°C and aliquot)

Additional Tests

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

**DIAGNOSTIC SERVICES MANITOBA
 IMMUNOLOGY TEST REQUISITION**

Health Sciences Centre
 Immunology Laboratory
 MS5 - 820 Sherbrook Street
 Winnipeg, Manitoba R3A 1R9
 Phone: (204) 787-2156 Fax: (204) 787-2058