

Immunology Diagnostics Requisition

1. PATIENT INFORMATION					
Patient Name (Last, First)					DOB ____ / ____ / _____
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral/Other <input type="checkbox"/> Unknown					
Address			City	State	Zip
Phone		Ethnicity		Race	
2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY			3. REPORT DELIVERY INFORMATION		
National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.			<input type="checkbox"/> Same as Billing Address		
Client ID			Client ID		
Client Name			Client Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Secure Fax	Phone		Secure Fax	
4. SPECIMEN INFORMATION					
Specimen Source: <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other:					
Submitted By		Phone		Fax	
Submitter Specimen #		Actual Specimen Collection Date		Collection Time	
5. AUTOANTIBODY MEASUREMENTS					
<input type="checkbox"/> ACAM & ACAG	Anti-cardiolipin antibodies (IgG and IgM)	<input type="checkbox"/> CD203	Anti-IgE receptor antibodies	<input type="checkbox"/> SCL70	Anti-Scl-70 antibody
<input type="checkbox"/> ANA	Anti-nuclear antibodies (pattern and titer)	<input type="checkbox"/> DSDNA	Anti-double stranded DNA antibody	<input type="checkbox"/> SSA	Anti-SSA antibody
<input type="checkbox"/> ANCA	Anti-neutrophil cytoplasmic antibodies (ANCA)	<input type="checkbox"/> ENA6	Antibodies to extractable nuclear antigens	<input type="checkbox"/> SSB	Anti-SSB antibody
<input type="checkbox"/> BGLYG	Beta-2 glycoprotein 1 (IgA)	<input type="checkbox"/> MPO	Anti-myeloperoxidase (MPO) antibody	<input type="checkbox"/> SSP12	Scleroderma antibody panel (Scl-70, centromere A (CENP A), centromere B (CENP B), RP11, RP155, Fibrillarlin, NOR90, Th/To, Pm-Scl 100, Pm-Scl75, KU, Ro-52)
<input type="checkbox"/> BGLYG & BGLYM	Beta-2 glycoprotein 1 (IgG and IgM)	<input type="checkbox"/> MYOS	Myositis antibody panel (Mi-2 alpha, Mi-2 beta, Ku, PM-Scl100, PM-Scl75, Jo-1, SRP, PL-7, PL-12, EJ, OJ, Ro-52, TIF1-gamma, MDA5, NXP2, SAE1)	<input type="checkbox"/> TPO	Anti-thyroid peroxidase antibody
<input type="checkbox"/> CCP	Anti-cyclic citrullinated peptide antibody	<input type="checkbox"/> PR3	Anti-proteinase 3 (PR3) antibody	<input type="checkbox"/> THYR	Anti-thyroglobulin antibody
6. IMMUNOGLOBULIN LEVELS					
<input type="checkbox"/> IGA	Immunoglobulin A	<input type="checkbox"/> GSUB	Immunoglobulin G subclasses (IgG1, IgG2, IgG3, IgG4 and total IgG)	<input type="checkbox"/> TIGE	Immunoglobulin E
<input type="checkbox"/> IGG	Immunoglobulin G	<input type="checkbox"/> IGM	Immunoglobulin M		
7. MISCELLANEOUS ANTIBODY TITERS					
<input type="checkbox"/> ABPAP	ABPA panel (Total IgE, specific IgG and IgE to A. fumigatus, precipitating IgG to A. fumigatus)	<input type="checkbox"/> CRYOS	Cryoglobulin screen (Cryocrit) <i>If positive, will reflex to Cryoglobulin quantitative with identification (Test code: CRYFQ)</i>	<input type="checkbox"/> SQCOV	COVID-19 Spike Protein IgG semi-quantitative antibody detection by ELISA
8. SERUM ANTIBODY TITERS		9. OTHERS			
<input type="checkbox"/> RF	Rheumatoid factor	<input type="checkbox"/> TRYPT	Tryptase	<input type="checkbox"/> A1LGP	Alpha-1-antitrypsin panel: Level, Genotype, Phenotype (as needed)
		<input type="checkbox"/> HSCR	C-reactive protein		
				<input type="checkbox"/> A1ATG	Alpha-1 antitrypsin genotype
10. COMMENTS					
INTERNAL USE					
Received By		Date	Account#	MRUN	Accession