Advanced Diagnostics Laboratory
Mitogen

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Shaded area for lab use only

Date rec'd:

SSN:

Autoantibody Test Requisition

Patient Information:	***Referring Physician Information:***
***Name:** (Surname, First)*	***Dr. Name:** (Surname, First)*
***PHN:**	***Alpha Provider #**
***Health Region #:**	**Health Region #:**
*DOB: (dd/mm/yy) *Gender:	Address:
*Address:	*Phone:
Postal Code:	***Email:**

Referring Lab Information:	***Sample Information:***
***Lab Name:**	**Date/Time collected**: ***(dd/mm/yy: hr)***
*Address:	****Diagnostic Information pertinent to autoantibody test request:***
*Phone :	**Phlebotomy lab:** *All tests ordered can be done on serum/CSF from a single SST tube: minimum sample volume **1.0-1.5ml**.*
***Fax #**	**Instructions for research study samples:** Clearly mark "**FREEZE**" on the specimen container to ensure it is frozen upon receipt at MADL. Secure specimen between two or more ice packs.

*** = Required information.**

Medical Personnel: Please mark **ALL** tests to be done.

❑ **ANA/ENA Screening Test**. *(Indirect immunofluorescence screen)* ❑ **anti- ds-DNA** (Chemiuminescence Assay) ❑ **anti-Histone** (Drug-Induced Lupus)	❑ **Autoimmune Inflammatory Myopathy / Myositis Profile:** Jo-1, Mi2, Mi2-α, Mi2β, MDA5, NXP2, TIF1γ PL7, PL12, PM/Scl75, PM/Scl100, Ku, SRP, Ro52, EJ, OJ, Ro52. ❑ **Anti-HMGCR** (statin-related myopathy)	❑ **Encephalitis: NMDA (NR1) Receptor Antibodies** ❑ **VGKC** antibodies **(**Voltage gated potassium channel – **LGI1 & Caspr2)** ❑ **Anti-GAD 65 antibodies** ❑ **Anti-AMPA antibodies**
❑ **Systemic Lupus ENA Profile**: *anti-* Sm , RNP, Ro52/TRIM21, SSA/Ro60, SSB/La, Jo-1,PCNA ❑ **Anti-C1q Antibody** (SLE Nephritis)	❑ **Inflammatory Bowel Disease profile:** - ASCA (IgG + IgA); -ANCA/PR3,MPO	❑ **Paraneoplastic Disease Profile:** Amphiphysin, Ri (NOVA-1), Yo ,Hu, PNMA2 (Ma2/Ta) , CV2/CRMP-5, Recoverin, SOX1, Titin.
❑ **Scleroderma Profile:** CENP A + B, Topo-I/Scl-70, RNA polymerase, fibrillarin, Th/To, Ku, PDGFR, Ro52/TRIM21, PM/Scl-75, PM/Scl-100. ❑ **Anti-CCP** *Cyclic Citrullinated Peptide Antibodies*	❑ **Devic's Disease/NMO** Anti-Aquaporin 4 ❑ **Anti-Phospholipase A2 receptor** (Anti-PLA2R)	❑ **Neurological Disease Profile(IgG +IgM):** Anti-GM1, GM2, GM3, GD1a, GD1b, GT1b, GQ1b
❑ **Autoimmune Liver Disease Profile:** M2/M3, 3EBPO, LKM, SLA, SP100, gp210, PML, LC-1, Ro 52.	❑ **Anti-DFS 70 (**Dense Fine Speckles 70) ❑ **Phosohatidylserne/Peothrombin Complex -IgG, IgM (PS/PT)**	❑ **Anti-p140/p155/TRIM28** *(Research Use only)* ❑ **Alveolar Proteinosis:** anti- GM/CSF *(Research Use only)* ❑ **Anti-elastase** (Research Use only)
❑ **Anti-myelin associated glycoproteins (MAG)**		❑ **Other *(specify):***

Please send properly labeled and packaged serum samples with this requisition to:
Mitogen Advanced Diagnostics Laboratory; c/o Dr. MJ Fritzler University of Calgary: HMRB 431;
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