Advanced Diagnostics Laboratory
Mitogen

Dr. M.J. Fritzler, Director
3330 Hospital Dr. NW: 431 HMRB;
Calgary, AB T2N 4N1
Phone: 403-220-4582 Fax: 403-210-8616
Email: madl@ucalgary.ca

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.

o **ANA/ENA Screening Test**. *(Indirect immunofluorescence screen)* o **anti- ds-DNA** (Chemiuminescence Assay) o **anti-Histone** (Drug-Induced Lupus)	o **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. o **Anti-HMGCR** (statin-related myopathy)	o **Encephalitis: NMDA (NR1) Receptor Antibodies** o **VGKC** antibodies **(**Voltage gated potassium channel – **LGI1 & Caspr2)** o **Anti-GAD 65 antibodies** o **Anti-AMPA antibodies**
o **Systemic Lupus ENA Profile**: *anti-* Sm , RNP, Ro52/TRIM21, SSA/Ro60, SSB/La, Jo-1,PCNA o **Anti-C1q Antibody** (SLE Nephritis)	o **Inflammatory Bowel Disease profile:** - ASCA (IgG + IgA); -ANCA/PR3,MPO	o **Paraneoplastic Disease Profile:** Amphiphysin, Ri (NOVA-1), Yo ,Hu, PNMA2 (Ma2/Ta) , CV2/CRMP-5, Recoverin, SOX1, Titin.
o **Scleroderma Profile:** CENP A + B, Topo-I/Scl-70, RNA polymerase, fibrillarin, Th/To, Ku, PDGFR, Ro52/TRIM21, PM/Scl-75, PM/Scl-100. o **Anti-CCP** *Cyclic Citrullinated Peptide Antibodies*	o **Devic's Disease/NMO** Anti-Aquaporin 4 o **Anti-Phospholipase A2 receptor** (Anti-PLA2R)	o **Neurological Disease Profile(IgG +IgM):** Anti-GM1, GM2, GM3, GD1a, GD1b, GT1b, GQ1b
o **Autoimmune Liver Disease Profile:** M2/M3, 3EBPO, LKM, SLA, SP100, gp210, PML, LC-1, Ro 52.	o **Anti-DFS 70 (**Dense Fine Speckles 70) o **Phosohatidylserne/Peothrombin Complex -IgG, IgM (PS/PT)**	o **Anti-p140/p155/TRIM28** *(Research Use only)* o **Alveolar Proteinosis:** anti- GM/CSF *(Research Use only)* o **Anti-elastase** (Research Use only)
o **Anti-myelin associated glycoproteins (MAG)**		o **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;
3330 Hospital Dr. NW
Calgary, AB T2N 4N1