

# MEMORANDUM



DIAGNOSTIC SERVICES  
OF MANITOBA

SERVICES DE DIAGNOSTIC  
DU MANITOBA

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MS543 - 820 Sherbrook Street, Winnipeg, Manitoba R3A 1R9

February 16, 2016

**To:** Gastroenterology Physicians and Wards  
Nephrology Physicians and Wards  
Internal Medicine Physicians and Wards  
Rheumatologists and Wards  
Hematologist/Oncologists Clinics  
Respiratory Medicine Physicians and Wards  
Allergists and Wards

**From:** Dr. Carmen Morales, Medical Director Immunology, DSM  
Sheila Ozamoto, Technical Director Immunology, DSM

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## Requisition Change for Ordering Anti Neutrophil Cytoplasmic Antibodies

An update to the DSM Immunology requisition is included (form #NS01719, 12/15). If completed as required, it will eliminate misinterpretation of requests and subsequent testing delays. By using this requisition as intended, it will improve the process and reporting time.

It would be appreciated, if you could instruct all of your team members to use this requisition in the following manner:

1. When the intent is to request ANCA immunofluorescence testing for the purpose of **Inflammatory Bowel Disease investigation**, then the IFA Neutrophil Cytoplasmic AB box (**IFNC**) should be checked. (*See Sample 1*)  
**Note:** A result for the IF test only will be issued with no MPO or PR3 performed.  
**Note:** Due to the manual methodology for this test, a longer TAT should be expected
2. When the intent is to request the anti-neutrophil cytoplasmic antibody testing for the purpose of **Autoimmune Vasculitis investigation**, then Myeloperoxidase (test code **MPO**) and Proteinase 3 (test code **PR3**) should be ordered and the respective boxes checked. (*See Sample 2*)  
**Note:** No immunofluorescence ANCA (IFNC) test will be performed, unless specifically requested.

Effective **Monday, February 29, 2016**, the ANCA test code will no longer be available on the revised Immunology requisition. After this date, "ANCA" requests identified in the "Additional Tests" box will automatically have MPO and PR3 performed.

**Please ensure that all those responsible for completing these requisitions on your behalf have been made aware of these scenarios.** Attached are SAMPLE completed requisitions for both situations.

The revised Immunology requisition will be available February 29. All old requisitions should be removed from circulation. To facilitate the changeover, the discipline will visit frequent user clinics on February 25 and 26 to remove all old requisitions and drop off a small supply of the new requisition for immediate use. The new requisition may be found at <https://apps.sbgf.mb.ca/labmanual/test/loadDocumentPdf?documentId=55>. It will no longer be a stocked item; however it can be ordered by special request through the HSC Print Shop.

Thank you for your patience and cooperation.

Please contact Dr. Carmen Morales, 204-787-4682, or [cmorales@dsmanitoba.ca](mailto:cmorales@dsmanitoba.ca) with any questions.

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:** .....

**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

**DATE OF BIRTH:**

DD/MM/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 #** .....

**FLOW CYTOMETRY**

**HEALTH SCIENCES CENTRE**

**REASON FOR TESTING MUST BE PROVIDED ABOVE (EXCEPTION PB48)**

☐ CD4/CD8 subsets (EDTA) ..... PB48

☐ Enumeration Panel (T, B & NK cells) (EDTA) ..... PBEN

☐ Paroxysmal Nocturnal Hemoglobinuria (EDTA) ..... PNH

☐ Oxidative Burst (HSC only) (EDTA)\* ..... OBRT

☐ Hereditary Spherocytosis (EDTA) ..... HSFC

☐ Immunophenotyping Peripheral Blood (EDTA) ..... PBFC

☐ Immunophenotyping Bone Marrow (Heparin) ..... BMFC

**\*PRIOR ARRANGEMENT WITH LABORATORY REQUIRED**

☐ Immunophenotyping Lymph Node ..... LNFC

☐ Immunophenotyping Fluid ..... FLFC

☐ Immunophenotyping Fine Needle Aspirate ..... FNFC

☐ Immunophenotyping Tissue ..... TSFC

**ST. BONIFACE HOSPITAL TESTS**

**HEALTH SCIENCES CENTRE TESTS**

**Systemic Autoimmune Disease**

☐ ANA SCREEN ..... ANA

☐ dsDNA ..... DNA

☐ ENA (includes the following group of 6 antigens)

☐ SSA (Ro) ..... SSA

☐ JO-1 ..... JO1

☐ Sm ..... SM

☐ SSB (La) ..... SSB

☐ Scl-70 ..... SCL

☐ 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) ... APLH

**Autoimmune Vasculitis**

☒ Myeloperoxidase ..... MPO

☒ Proteinase 3 ..... PR3

**Organ Specific Autoantibodies**

☐ Mitochondrial ..... AMA

☐ Smooth Muscle ..... SMA

☐ Liver/Kidney Microsomal ..... LKM

☐ Parietal Cell ..... PCA

☐ Glomerular Basement Membrane ..... GBM

☐ Endomysial IgA ..... AEMA

☐ Adrenal ..... ADA

☐ Pemphigus ..... PGUS

☐ Pemphigoid ..... PGOD

☐ Striated Muscle ..... STR

☐ Acetylcholine Receptor ..... ACHR

**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



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