

Immunology Requisition Completion Guide

IMMUNOLOGY LABORATORY REQUISITION

[Autoimmune Testing available on R250-10-85]

Fields marked with * are mandatory and must be clearly legible or can result in specimen rejection

Ordering clinician info
Fields with asterisk must be included

Ordering Provider Information		Patient Information (print or use addressograph)	
*Last & Full First Name:	Billing Code:	*Last/First Name: (per Health Card)	
Inpatient Location:	Critical Results Ph #:	*Date of Birth: (dd/mm/yyyy)	
*Facility Name/ Address		*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Ph #:	Fax #:	*PHIN: Specify Province or DND if different	
<i>Copy reports to (if info missing, reports may not be sent):</i>		MRN:	
Last & Full First Name:	Ph #:	Encounter #:	
Facility Name/ Address:		Patient Ph #:	
Last & Full First Name:	Ph #:	Patient Address:	
Facility Name/ Address:		Demographics verified via:	
		<input type="checkbox"/> Health Card <input type="checkbox"/> Armband <input type="checkbox"/> eChart/CR <input type="checkbox"/> Other	

Patient info
Addressograph/ label is OK.
Fields with asterisk must be included.

Collection Information (fields marked with *required by person collecting sample)

* Collector:	* Collection Date:	* Collected via: <input type="checkbox"/> Venipuncture <input type="checkbox"/> Capillary <input type="checkbox"/> Indwelling Line
* Collection Facility/Lab:	* Collection Time:	Referring Lab: # of tubes sent _____ Samples shipped frozen <input type="checkbox"/>
# Serum vial(s) _____	# Plasma vials(p) _____	

Clinical info
1. Monoclonal Ab Therapy is important as some drugs will present on electrophoresis as an abnormal band and result in extra testing.

2. Alpha-1-antitrypsin phenotyping is only performed on samples with <1.1g/L AAT or for patients with family history.

Clinical Information/Diagnosis:		LAB USE ONLY PLACE BARCODE HERE
Monoclonal Antibody Therapy: <input type="checkbox"/> No <input type="checkbox"/> Yes Generic Name: _____		
Family History of Alpha-1-Antitrypsin Deficiency: <input type="checkbox"/> No <input type="checkbox"/> Yes		
24 Hour Urine Collection: Start Date/Time: _____ Stop Date/Time: _____ Vol(ml): _____		
Nephelometry/Turbidimetry		
<input type="checkbox"/> IGG Immunoglobulin IgG	<input type="checkbox"/> C3 Complement C3	
<input type="checkbox"/> IGA Immunoglobulin IgA	<input type="checkbox"/> C4 Complement C4	
<input type="checkbox"/> IGM Immunoglobulin IgM	<input type="checkbox"/> RF Rheumatoid Factor	
<input type="checkbox"/> AATD Alpha-1-Antitrypsin	<input type="checkbox"/> IGG5 IgG Subclasses	
<input type="checkbox"/> CEI C1 Esterase Inhibitor	<input type="checkbox"/> FLCH Serum Free Light Chains	
<input type="checkbox"/> A2M Alpha-2-Macroglobulin		
<input type="checkbox"/> CH50 Total Complement Activity	Separate serum within one (1) hour of collection. Immediately freeze and store aliquot at -70°C. If sample cannot be frozen at -70°C and shipped on dry ice, freeze at -20°C and ship frozen.	
Electrophoresis		
<input type="checkbox"/> PE Serum Monoclonal Protein Investigation	Includes IgG, IgA, IgM & FLCH	
<input type="checkbox"/> PEU 24 Hour Urine Monoclonal Protein Investigation	Random/Spot urine samples will be rejected	
<input type="checkbox"/> AATP Alpha-1-Antitrypsin Phenotyping	Automatic reflex for patients with AATD <1.1g/L	
Other		
<input type="checkbox"/> VIS Serum Viscosity	Minimum 20ml RED TOP, NO GEL clotted at 37°C	
<input type="checkbox"/> CRYO Cryoglobulin	Minimum 15ml RED TOP, NO GEL clotted at 37°C	
<input type="checkbox"/> IGD Immunoglobulin IgD	Pediatric patients or patients with IgD Monoclonal Protein	
Referral		
<input type="checkbox"/> MISB Referral tests to all labs excluding MITOGEN	See LIM entry for each test. Prior approval may be required.	
<input type="checkbox"/> MITO Referral tests to MITOGEN Diagnostics	Complete the Immunology/Hematology Approval for Testing Form [F150-100-100]	
List tests:		

1. All Autoimmune testing performed by St. Boniface Hospital has been moved to Immunology Autoimmune Laboratory Requisition R250-10-85.
2. Flow Cytometry requisition can be found on the LIM R250-10-2
<https://apps.sbgh.mb.ca/labmanual/document/requisitions?labId=3>
3. Changes to Protein Electrophoresis : PE/PEU to include FLCH and rejection of random urines (Clinical Practice Change - Monoclonal Protein Investigation - March 3, 2020 (effective March 16, 2020))