CLINICAL IMMUNOLOGY LABORATORY REQUISITION FORM

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REFERRING PHYSICIAN	NAME	ADDRESS	PHONE FAX

PATIENT INFORMATION – PLEASE PRINT

LAST NAME	FIRST NAME	ADDRESS	PATIENT PHONE #

DATE OF BIRTH	☐ MALE ☐ FEMALE	PATIENT REFERENCE #	COLLECTION DATE	TIME	☐ AM ☐ PM	☐ STAT ☐ CALL TO:

INSURANCE INFORMATION

NAME OF INSURANCE _____

INSURANCE # _____ NAME OF INSURED _____

GROUP # _____ ADDRESS OF INSURANCE _____

RELATIONSHIP TO INSURED ☐ SPOUSE ☐ DEPENDENT

DIAGNOSIS CODE(S): _____ : _____ : _____ : _____ : _____ INSURANCE PHONE # _____

PROFILES/PANELS

- ☐ Comprehensive Metabolic Panel
- ☐ Electrolytes Panel
- ☐ Basic Metabolic Panel
- ☐ Lipid Panel
- ☐ Hepatic Function Panel
- ☐ Thyroid Panel (TSH, fT_3, fT_4)

HEMATOLOGY

- ☐ ABO Group Type
- ☐ Rh Group Type
- ☐ CBC w/ differential

HORMONES

- ☐ Estradiol
- ☐ Follicle Stimulating Hormone (FSH)
- ☐ Luteinizing Hormone (LH)
- ☐ Progesterone
- ☐ Prolactin
- ☐ βhCG, serum
- ☐ Thyroid Stimulating Hormone (TSH)
- ☐ Free T_3
- ☐ Total T_3
- ☐ Free T_4
- ☐ Total T_4
- ☐ Cortisol
- ☐ Testosterone (total)

AUTO-ANTIBODIES

- ☐ Anti-nuclear Antibodies (ANA screen)
- ☐ Anti-ENA (anti-Sm and RNP)
- ☐ Anti-Sjögrens (anti-SS/A and SS/B)
- ☐ Anti-phospholipid Antibodies
- ☐ Anti-thyroid Antibodies (thyroid peroxidase, thyroglobulin)
- ☐ Anti-DNA Antibodies (dsDNA, ssDNA, histones, Scl-70)
- ☐ Anti-β2 Glycoprotein I Antibodies

INDIVIDUAL TESTS

- ☐ Hemoglobin A_{1c} (HbA_{1c})
- ☐ Hepatitis B Core Antibody (HBcAb)
- ☐ Hepatitis B Surface Antigen (HBsAg)
- ☐ Hepatitis B Surface Antibody (HBsAb) Quantitative
- ☐ Hepatitis C Virus Antibody (HCV)
- ☐ HIV 1 Antibody
- ☐ HIV 2 Antibody
- ☐ HTLV I/II Antibody
- ☐ Immunoglobulin Panel (IgG, IgM, IgA)
- ☐ Varicella Zoster IgG Antibody
- ☐ Rubella IgG Antibody
- ☐ Mumps IgG Antibody
- ☐ Measles IgG Antibody
- ☐ C3
- ☐ C4
- ☐ C-reactive protein (CRP)
- ☐ Serum Protein Electrophoresis (SPE)
- ☐ Rheumatoid Factor (RF)
- ☐ Rapid Plasma Reagin (RPR)
- ☐ Erythrocyte Sedimentation Rate (ESR)
- ☐ Semen analysis
- ☐ Prostate Specific Antigen (PSA)
- ☐ TNF-α Quantitation, serum
- ☐ Vitamin B_{12}
- ☐ Folate

TISSUE TYPING

- ☐ HLA-A, -B, -C Antigens, PCR
- ☐ HLA-DR Antigens, PCR
- ☐ HLA-DQα Antigens, PCR
- ☐ HLA-DQβ1 Antigen, PCR
- ☐ Cytokine Genotyping

MOLECULAR TESTS

- ☐ Factor V Leiden Gene Polymorphism
- ☐ Factor V H1299R Gene Polymorphism
- ☐ MTHFR C677T Gene Polymorphism
- ☐ MTHFR A1298C Gene Polymorphism
- ☐ Prothrombin Gene Polymorphism
- ☐ Factor XIII Gene Polymorphism
- ☐ PAI-1 Gene Polymorphism
- ☐ β-fibrinogen Gene Polymorphism
- ☐ HPA-1a/b Gene Polymorphism

MICROBIOLOGY

- ☐ Bacteria Quantitation, rDNA
- ☐ *Mycoplasma Hominis*, DNA
- ☐ *Ureaplasma Urealyticum*, DNA
- ☐ *Neisseria Gonorrheae*, DNA
- ☐ *Chlamydia Trachomatis*, DNA

FLOW CYTOMETRY

- ☐ NK killing Assay Panel
- ☐ NK killing Assay Follow-up
- ☐ Immunophenotype (CD3, CD4, CD8, CD19, CD56/CD16)
- ☐ Immunodeficiency Panel (AIDS-CD4:CD8 ratio)
- ☐ Platelet Auto-antibodies (FCM)
- ☐ Leukocyte Antibody Detection (cross-match)
- ☐ T_H1/T_H2 Intracellular Cytokine Ratio

MISCELLANEOUS TESTS

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ Venipuncture