

Rosalind Franklin University of Medicine and Science

Clinical Immunology Laboratory

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TEST REQUISITION FORM

Patient's Name

Last First

Date of Birth / / Sex:
Month Day Year

Draw Date Diagnosis Code(s)

Referring Physician / Clinic

Address

E-mail

Tel Fax

Auto-antibodies

Anti-phospholipid Antibodies Panel

- Anti-cardiolipin (IgM, IgG, IgA)
Anti-phosphatidyl-serine (IgM, IgG, IgA)
Anti-phosphatidyl-ethanolamine (IgM, IgG, IgA)
Anti-phosphatidic acid (IgM, IgG, IgA)
Anti-phosphatidyl-glycerol (IgM, IgG, IgA)
Anti-phosphatidyl-inositol (IgM, IgG, IgA)

Anti-nuclear Antibodies

Pattern / Titer

Anti-thyroid Antibodies Panel

- Anti-thyroid peroxidase (IgG)
Anti-thyroglobulin (IgG)

Anti-DNA/Histones Antibodies Panel

- Anti-dsDNA (IgG)
Anti-ssDNA (IgG)
Anti-histone (IgG)
Anti-Scl-70 (IgG)

Anti-ENA Antibodies Panel

- Anti-RNP (IgG)
Anti-Sm (IgG)
Anti-SS-A (IgG)
Anti-SS-B (IgG)

Anti-beta2 Glycoprotein I Antibodies

IgM, IgG, IgA

Tissue Typing

- HLA-A, -B, -C Alleles
HLA-DRB Alleles
HLA-DQA Alleles
HLA-DQB Alleles

Inherited Thrombophilia Panel

- Factor V (Leiden) Gene Polymorphism
Factor V (H1299A) Gene Polymorphism
MTHFR (C677T) Gene Polymorphism
MTHFR (A1298C) Gene Polymorphism
PAI-1 Gene Polymorphism
Prothrombin Gene Polymorphism
HPA-1 Gene Polymorphism
beta-fibrinogen Gene Polymorphism
Factor XIII Gene Polymorphism

Flow Cytometric Assays

- NK assay Full panel
NK cell cytotoxicity
NK cell cytotoxicity with IVIg
Phenotype (CD3, CD56, CD19, CD19/CD5)
NK assay Follow-up
NK cell cytotoxicity
Phenotype (CD3, CD56, CD19, CD19/CD5)
Reproductive Immunophenotype
CD3, CD3/CD4, CD3/CD8
CD56, CD56/CD16, CD19, CD19/CD5
TH1/TH2 Cytokine Ratio
Leukocyte Antibody Detection Panel
Anti-T cell Antibody (IgM, IgG)
Anti-B cell Antibody (IgM, IgG)

Please write in:

Female's name

Male's name

Please complete the following payment information when sending this requisition

Patient's name Address Home Phone

I hereby authorize Rosalind Franklin University to debit my credit card

Visa MasterCard Discover American Express Card No Exp Date

Security code (3 digits on back of card) Signature

My check number is enclosed. A \$25.00 fee will be charged for returned checks. Billing contact: Chad Charapata - chad.charapata@rosalindfranklin.edu or 847-578-3413