

UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS

DEPARTMENT OF PATHOLOGY
SPECIAL IMMUNOLOGY LABORATORY
REQUISITION & PHYSICIAN ORDER

Routine
 STAT
ORDER DATE: ____/____/____
(mm/dd/yyyy)

RESULTS REPORTING LOCATION CODE:

MRN

NAME

BIRTHDATE

CSN

Bill research account # _____

ICD-9 Code/Diagnosis:		Ordering Clinician to receive report: <input type="checkbox"/> See label above	
Collected by:			UMHS Dr. #: _____
Collected Date: ____/____/____	Collection Time: ____:____am/pm	Attending Physician: (if different from above)	UMHS Dr. #: _____

CHECK IF APPLICABLE

- CONSULTATIVE INTERPRETIVE REPORT REQUESTED
 APHERESIS PRE POST
 DIALYSIS PRE POST
 GAMMA GLOBULIN THERAPY PRE POST

SPECIAL IMMUNOLOGY

AUTOANTIBODIES

<input type="checkbox"/> EMA Endomysial Antibody, IgA S	<input type="checkbox"/> ANA ANA Screen S Screens for antibodies to the following antigens: SS-A 60, SS-A 52 SS-B, Smith (Sm) SmRNP, RNP A RNP 68 Ribosomal Protein Scl-70, Jo-1 Centromere B Chromatin and dsDNA	<input type="checkbox"/> ENA11 Extractable Nuclear Antibody Panel 11 S Includes: dsDNA Chromatin Ribosomal Protein SS-A/RO SS-B/LA Centromere B Smith (Sm) SmRNP, RNP SCL-70 JO-1
<input type="checkbox"/> RF Rheumatoid Factor S	<input type="checkbox"/> ENA5 Extractable Nuclear Antibody Panel 4 S Includes: SSA/RO SSB/LA Smith (Sm) RNP	<input type="checkbox"/> SCL-70 Scleroderma Antibody S
<input type="checkbox"/> B2GP1 Beta-2 Glycoprotein 1 S	<input type="checkbox"/> ENA7 Extractable Nuclear Antibody Panel 6 S Includes: SSA/RO SSB/LA Smith (Sm) RNP SCL-70, JO-1	<input type="checkbox"/> JO-1 Jo-1 Antibody S
<input type="checkbox"/> CAB Cardiolipin IgG/IgM PL Antibodies S		<input type="checkbox"/> NAB ANA Evaluation by IFA S
<input type="checkbox"/> LKM Liver Kidney Microsomal Antibody S		<input type="checkbox"/> CRYO Cryoglobulin Evaluation R <i>Transport in Warm Thermos Call 936-6074</i>
<input type="checkbox"/> MITO Mitochondrial Antibody S		<input type="checkbox"/> CRYFB Cryofibrinogen Evaluation L CRYO must also be ordered Transport in warm thermos; Call 936-6074
<input type="checkbox"/> SM Smooth Muscle Antibody S		
<input type="checkbox"/> PAC Parietal Cell Antibody S		
<input type="checkbox"/> ATG Thyroglobulin Antibody S		
<input type="checkbox"/> ATP Thyroid Peroxidase Antibodies S		
<input type="checkbox"/> MYELO Myeloperoxidase Antibody S		
<input type="checkbox"/> PR3 Proteinase 3 Antibody S		
<input type="checkbox"/> NCAB Neutrophil Cytoplasmic Antibody (Wegeners/Vasculitis) S		
<input type="checkbox"/> AGBM Glomerular Basement Membrane Antibody S		
<input type="checkbox"/> CCP Cyclic Citrullinated Peptide S		
<input type="checkbox"/> GLADA Gliadin IgA Antibody S		
<input type="checkbox"/> GLADG Gliadin IgG Antibody S		
<input type="checkbox"/> TTRGA Tissue Transglutaminase IgA Ab S		
<input type="checkbox"/> TTRGG Tissue Transglutaminase IgG Ab S		

MISCELLANEOUS TESTING

<input type="checkbox"/> COLD Cold Agglutinins (Do Not Cool) R	<input type="checkbox"/> G ALB IgG and Albumin (0.5 ML CSF)	<input type="checkbox"/> FIRST AM VOID
<input type="checkbox"/> CH50 Total Hemolytic Complement R <i>Deliver on ICE</i>	<input type="checkbox"/> GIN IgG Index (0.5 ml CSF & Serum)	<input type="checkbox"/> RANDOM URINE
<input type="checkbox"/> IGS Immunoglobulins IgG, IgA, IgM S	Serum/CSF must be collected on the same day	<input type="checkbox"/> 24 HOUR VOLUME: _____
<input type="checkbox"/> IGG IgG S	<input type="checkbox"/> B2TFS Beta-2 Transferrin, Fluid (0.5 ml Fluid)	<input type="checkbox"/> BJS Bence Jones Protein Screen Kappa or Lambda Free Light Chains
<input type="checkbox"/> IGA IgA S	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> BJQ Bence Jones Protein Quantitation 24 hour collection
<input type="checkbox"/> IGM IgM S	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> UPE Urine Protein Electrophoresis
<input type="checkbox"/> GSUB IgG Subclasses IgG 1, 2, 3, 4 S		<input type="checkbox"/> OTHER _____
<input type="checkbox"/> MONO Infectious Mononucleosis S		
<input type="checkbox"/> STREP Streptozyme S		
<input type="checkbox"/> VISC Viscosity G		
<input type="checkbox"/> TPE Serum Protein Electrophoresis S		
<input type="checkbox"/> B2MIC Beta-2 Microglobulin S		
<input type="checkbox"/> MGE Monoclonal Gammopathy Evaluation. S Includes: IgG IgA IgM Protein Electrophoresis Immunofixation	SYPHILIS SEROLOGY	VIRAL TESTING
<input type="checkbox"/> IFLC Immunoglobulin Free Light Chains, Serum S	<input type="checkbox"/> RPR Rapid Plasma Reagin. S If RPR is reactive, FTA-ABS is ordered automatically.	<input type="checkbox"/> EBVCM Epstein Barr Viral Capsid Ag, IgM S
	<input type="checkbox"/> FTA FTA ABS and RPR S FTA orders both FTA and RPR	<input type="checkbox"/> EBVCG Epstein Barr Viral Capsid Ag, IgG S
	<input type="checkbox"/> FTAC Fluorescent Treponemal Ab, CSF (0.5mL CSF)	<input type="checkbox"/> EBVNA Epstein Barr Nuclear Ag, IgG S
		<input type="checkbox"/> EBVEA Epstein Barr Early Ag, IgG S
		<input type="checkbox"/> EBVPL Epstein Barr Virus Ab Panel S
		<input type="checkbox"/> MUMPG Mumps IgG Antibody S
		<input type="checkbox"/> ROBGE Rubeola IgG Antibody S