



CLINICAL IMMUNOLOGY LABORATORY REQUISITION FORM

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PLEASE PRINT

REFERRING PHYSICIAN	NAME	ADDRESS	PHONE
	E-mail	City/State	FAX

PATIENT INFORMATION

LAST NAME		FIRST NAME	ADDRESS		PATIENT PHONE #	
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL	COLLECTION DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	

PAYMENT OR INSURANCE INFORMATION

☐ CHECK HERE FOR NEW INSURANCE INCLUDE FRONT & BACK OF INSURANCE CARD **Billing: Client** ☐ **Patient** ☐ **Insurance** ☐

I hereby authorize Rosalind Franklin University to debit my credit card ☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Card Number: _____ Expiration Date _____ Security Code _____

Signature _____

Check Number _____ is enclosed **A \$25.00 fee will be charge for returned checks.**

Billing contact: Chad Charapata- chad.charapata@rosalindfranklin.edu or 847-578-3413

NAME OF INSURANCE			
INSURANCE #		NAME OF INSURED	
GROUP #		ADDRESS OF INSURANCE	
RELATIONSHIP TO INSURED <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT			
DIAGNOSIS CODE(S): _____ : _____ : _____ : _____		INSURANCE PHONE # _____	

SERUM IMMUNOGLOBULINS and AUTO-ANTIBODIES

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

TISSUE TYPING

- ☐ HLA-A, -B, -C Alleles
- ☐ HLA-DR Alleles
- ☐ HLA-DQα Alleles
- ☐ HLA-DQβ1 Alleles
- ☐ KIR Genotyping

CELLULAR ASSAYS by FLOW CYTOMETRY

- ☐ **NK Assay, 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)
- ☐ **NK Cell Inhibition Panel**
NK cell cytotoxicity
NK cell cytotoxicity with Intralipid
Phenotype (CD3, CD56, CD19, CD19/CD5)
- ☐ **Reproductive Immunophenotype**
(CD3, CD3/CD4, CD3/CD8, CD3/CD25,
CD3/CD56, CD56, CD56/CD16, CD19,
CD19/CD5)
- ☐ **T_H1/T_H2 Intracellular Cytokine Ratio**
- ☐ **Leukocyte Antibody Detection Panel**
Anti-T cell Antibody (IgM, IgG)
Anti-B cell Antibody (IgM, IgG)

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

Please fill in:

Partner: _____