

**ADMINISTRATIVE FORM**

APP	DOCUMENT NAME	VERSION	DOCUMENT No.
	<b>IMMUNOLOGY TEST REQUEST</b>	5	JRL.7.12.F6

PATIENT INFORMATION (REQUIRED)	JRL USE ONLY
HOSPITAL NAME:	RECIEVED BY: ( name ,signature and stamp)
PATIENT'S NAME: ( First, Middle, Last) / CODE	
SEX <input type="checkbox"/> M <input type="checkbox"/> F	NATIONAL ID / IQAMA
PATIENT MEDICAL RECORD NUMBER :(MRN#)	DATE OF RECEIVE:
DIAGNOSIS:	TIME OF RECEIVE: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	DEPARTMENT NO.(BARCODE)
SPECIMEN COLLECTION INFORMATION (REQUIRED)	REQUESTER INFORMATION (REQUIRED)
DATE COLLECTED (DD / MM / YYYY)	REQUESTER NAME
TIME COLLECTED (HR:MIN.) <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	REQUESTED BY (physician name ,signature and stamp)
COLLECTED BY( name ,signature and stamp)	DATE OF REQUEST

**Patient History (REQUIRED)**

**SPECIMEN INFORMATION (REQUIRED)**

1<sup>st</sup> INITIAL       2<sup>nd</sup> SECOND       other .....

**PLEASE INDICATE TEST(S) REQUESTED**

**IMMUNOLOGY DEPARTMENT**

Autoimmune Tests	Allergy Tests
<input type="checkbox"/> Anti-nuclear antibody (ANA). <input type="checkbox"/> Extractable nuclear antigen antibodies (ENA). <input type="checkbox"/> Double Strand DNA (dsDNA). <input type="checkbox"/> Anti-Sm Protein (ASMD). <input type="checkbox"/> Anti-SCL/70.  <input type="checkbox"/> Anti-Cardiolipin (ACA) IgG. <input type="checkbox"/> Anti-Cardiolipin (ACA) IgM. <input type="checkbox"/> Anti-Beta-2 glycoprotein I (Aβ2GPI) IgG. <input type="checkbox"/> Anti-Beta-2 glycoprotein I (Aβ2GPI) IgM.  <input type="checkbox"/> Anti-Gliadin (AGA) IgG. <input type="checkbox"/> Anti-tissue transglutaminase (AtTG) IgG. <input type="checkbox"/> EMA IgA <input type="checkbox"/> EMA IgG	<input type="checkbox"/> Anti-Cyclic citrullinated peptides (ACCP). <input type="checkbox"/> Rheumatoid factor (RF) IgM. <input type="checkbox"/> Rheumatoid factor (RF) IgG.  <input type="checkbox"/> Anti-neutrophil Cytoplasmic Antibodies (ANCA)  <input type="checkbox"/> Thyrotropin-receptor antibody (Trab)  <input type="checkbox"/> Islet cell antibodies (ICA) <input type="checkbox"/> Insulin autoantibodies (IAA) <input type="checkbox"/> Islet antigen 2 antibodies (IA2) <input type="checkbox"/> Glutamic acid decarboxylase 65 (GAD-65)
	Specific Proteins
	<input type="checkbox"/> Common food allergy profile. <input type="checkbox"/> Common inhalation allergy profile. <input type="checkbox"/> Total IgE  <input type="checkbox"/> ASO (Anti-streptolysin). <input type="checkbox"/> CRP (C-reactive protein) <input type="checkbox"/> C3 (Complement 3). <input type="checkbox"/> C4 (Complement4). <input type="checkbox"/> IgA (Immunoglobulin A). <input type="checkbox"/> IgM (Immunoglobulin M). <input type="checkbox"/> IgG (Immunoglobulin G). <input type="checkbox"/> KAP (Kappa light chain). <input type="checkbox"/> LAM (Lambda light chain).