

Clinical Immunology Laboratory Request

Patient Name

Patient ID / MRN

Date of Birth

Gender

Requesting Physician

Date Requested

Tests Requested

- ☐ ANA ☐ Rheumatoid Factor (RF) ☐ Complement (C3, C4) ☐ Immunoglobulin G (IgG)
☐ Immunoglobulin M (IgM) ☐ Immunoglobulin A (IgA) ☐ Anti-dsDNA ☐ Other

Relevant Clinical Information

Sample Type

Date & Time of Collection

Ordered By (Signature)

Laboratory Use Only