

Clinical Immunology Laboratory Request

Patient Name

Patient ID / MRN

Date of Birth

Gender

Select

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

E.g., Blood, Serum

Date & Time of Collection

Ordered By (Signature)

Laboratory Use Only

Received by / Accession No.