RDL™

RDL Reference Laboratory

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SPECIMEN INFORMATION

: A.M. P.M.

Time Specimen Drawn | Date of Collection | Lab Control | Lab Use Only

Physician/Institution

Address

Telephone #

Ordering Physician _____

Bill: Physician/Institution ☐ Patient (No Insurance) ☐ Insurance ☐

ATTACH A COPY OF FRONT AND BACK OF INSURANCE CARDS.

Insurance Name

Insurance Address

Please be advised that when ordering tests that will be reimbursed by Medicare, only order testing that is medically necessary for the diagnosis of the patient.

Patient Information

Patient Last Name | First Name | Initial

Sex (M/F) | Month/Day/4-Digit Birth Year | Social Security Number | Patient/Specimen ID

Street Address of Responsible Party | Apt#

City | State | Zip Code

( ) Home/Cell Phone Number ( ) Office Phone Number

ICD-10 DX CODE: _____

For more information see our Test Catalog or visit www.RDLinc.com. All ANA Profiles are reflexive. If the ANA is negative, only an Anti-RO (SS-A) will be performed unless specifically requested. If the ANA is positive, all the tests specified under the profile will be performed.

Test Panels (in alphabetical order) 3 mL Serum unless otherwise specified (*), (**) Reflex Testing (***) See instruction on back

☐ **1228 ANA 12 Plus Profile* ****
(4 mL serum) Anti-Nuclear Ab (ANA), Anti-dsDNA Ab (Farr Assay by RIA), Anti-ENA Abs (Anti-SM & Anti-RNP), Anti-Centromere Ab, C3 & C4 Complements, SS-A Ab (Anti-Ro), SS-B Ab (Anti-La), Anti-SCL-70 Ab, Anticardiolipin Abs IgG, IgA & IgM, Anti-Thyroid Microsomal Peroxidase Ab (TPO), Anti-Chromatin Ab, Rheumatoid Factor by TURB, Anti-Cyclic Citrullinated Peptide Ab (Anti-CCP)

☐ **1020 ANA Profile II* ****
(4 mL serum) Anti-Nuclear Ab (ANA), Anti-dsDNA Ab (Farr Assay), Anti-ENA Abs (Anti-SM & Anti-RNP), Anti-Centromere Ab, C3 &C4 Complements, SS-A Ab (Anti-Ro), SS-B Ab (Anti-La), Anti-SCL-70 Ab, RPR

☐ **994 ANCA Panel* ****
(4 mL serum) Anti-Neutrophil Cytoplasmic Ab (ANCA), Anti-Myeloperoxidase Ab (MPO), Anti-Proteinase 3 Ab (PR-3), Anti-Nuclear Ab (ANA) if ANCA positive

☐ **1850 Antiphospholipid Ab Panel II***
(3 mL serum & 2 frozen plastic vials plasma, 1 mL each, from 2 sodium citrated tubes (blue top). See LAC #3002) LAC, Anti-Cardiolipin Abs (IgG, IgA & IgM), (Anti-Phosphatidylserine Abs (IgG, IgA & IgM), Anti-Beta-2-Glycoprotein 1 Abs (IgG, IgA & IgM), RPR

☐ **1044 Celiac Disease Ab Panel**
Anti-Gliadin II (DGP) Abs IgA & IgG, Anti-Endomysial Ab IgA, Tissue Transglutaminase (tTG) Ab IgA, Immunoglobulin IgA level, Anti-F Actin Ab IgA

☐ **1265 Inflammatory Bowel Disease Panel* ****
(2 mL serum) Anti-Saccharomyces Cerevisiae Abs IgG & IgA (ASCA), Atypical P-ANCA, Anti-Pancreatic Ab (PAB)

☐ **475 Interstitial Lung Disease Panel I**
Jo-1, PL-7, PL-12, EJ, OJ, SRP, PM/Scl, Ku, Anti-SSA 52 kD Ab, ANA, Anti-CCP, Scl-70, Rheumatoid Factor by TURB, MDA5

☐ **1065 Lupus Activity Panel***
(2 mL serum) Anti-dsDNA Ab (Farr Assay), C3 & C4 Complements

☐ **1222 MyoMarker™ Panel 3 Plus (SAE) (NEW)**
Mi-2, Jo-1, PL-7, PL-12, EJ, OJ, SRP, Ku, U2 snRNP, Pm/Scl-100, MDA5, NXP2, TIF-γ, SSA 52 KD Ab IgG, U1 RNP, Fibrillarin U3 RNP, SAE

☐ **655 Pre-Biologic Therapy Assessment Panel* *****
(3 mL serum, ambient, refrigerated or frozen and 2 Lithium Heparin (green top), 6 mL each at room temperature.) Hepatitis B Surface Ag, Hepatitis B Surface Ab, Hepatitis B Core Ab Total & IgM, Hepatitis C Ab, T-Spot TB test

☐ **1244 RAdx5™ (NEW)**
14-3-3n, Anti-Citrullinated Peptide Ab (Anti-CCP), Rheumatoid Factor IgM by TURB, Pm/Scl-100, Anti-CEP-1 Ab

☐ **1686 Scleroderma Panel, Comprehensive Plus (NEW)**
Anti-Nuclear Ab (ANA), Anti-Scl 70 Ab, Anti-RNA Polymerase III Ab, Anti-Centromere Ab, Th/To Ab, Anti-U1 RNP Ab, Fibrillarin U3 RNP, Anti-PM/SCL-100 Ab, Anti-PM/SCL-75 Ab

☐ **3007 SeroNeg RAdx3™ (NEW)**
14-3-3n Protein , Anti-CEP-1 Ab, Anti-Sa Ab

☐ **3002 LAC Panel (NEW)* *****
dRVVT, PTT-LA, PT, TT (With appropriate confirmatory testing)

Patient History (check all that apply)	Medications (check all that apply):
☐ Pregnancy loss	☐ Argatroban
☐ Prolonged aPTT	☐ Dabigatran
☐ Arterial Thrombosis	☐ Rivaroxaban
☐ Venous Thrombosis	☐ Apixaban
☐ SLE	☐ Warfarin
☐ Other_____	☐ Other_____

LAC panels include a physician consultative statement. If you do not want a consultative statement, order the tests (listed on the reverse side) individually.

Individual Tests (in alphabetical order) 1 mL Serum unless otherwise specified (*), (**) Reflex Testing, (***) See instruction on back

☐ **143 14-3-3n Protein (NEW)**
☐ **147 Angiotensin Converting Enzyme (ACE)**
☐ **188 Anti-Alpha Fodrin Abs, IgA & IgG**
☐ **458 Anti-C1Q Ab IgG**
☐ **165 Anti-CCP Ab IgG/IgA**
☐ **178 Anti-CEP-1 Ab IgG (NEW)**
☐ **578 Anti-Chromatin Ab IgG**
☐ **13 Anti-dsDNA Ab (Farr Assay)**
☐ **956 Anti-GBM Ab**
☐ **15 Anti-Histone Ab**
☐ **1809 Anti-HMGCR Ab IgG (NEW)**
☐ **230 Anti-IBM Ab (Anti-cN-1A) (NEW)**
☐ **173 Anti-MDA5 Ab (CADM-140) Ab (NEW)**
☐ **428 Anti-Mitochondrial M2 EP Ab**
☐ **156 Anti-Neuronal Ab IgG (FC)**
☐ **174 Anti-NXP-2 Ab (MJ) Ab (NEW)**
☐ **531 Anti-Phosphatidylserine/Prothrombin antibodies (aPS/PT) Abs IgG & IgM (NEW)**
☐ **2002 Anti-PM/Scl-100 Ab**
☐ **2001 Anti-PM/Scl-75 Ab (NEW)**
☐ **572 Anti-Ribosomal P Ab**
☐ **449 Anti-RNA Polymerase III Ab IgG**
☐ **177 Anti-Sa Ab IgG (NEW)**
☐ **176 Anti-SAE 1 Ab IgG (NEW)**
☐ **577 Anti-Scl-70 Ab**
If positive, reflexes to Immunodiffusion for confirmation, add two days to turn around time.
☐ **2003 Anti-Scl-70 Ab (ID)**
☐ **175 Anti-TIF-1γ Ab(P155) (NEW)**
☐ **644 ASCA Ab IgA & IgG**
☐ **450 C3 Complement**
☐ **460 C4 Complement**
☐ **314 C-Reactive Protein (CRP)**
☐ **90 HLA-B27***
(One EDTA (lavender top) tube at room temperature.) Do not spin, separate or refrigerate.
☐ **115 Immunofixation Electrophoresis (IFE)**
☐ **113 Protein Electrophoresis, Serum (SPE) – Reflexive****
(2 mL serum) Please note: SPE is reflexive. 1) Monoclonal spike->IFE & QIG. 2) Hypogammaglobulin -> QIG. If the SPE reflexes, turn around time up to 6 days.
☐ **400 QIG, Quantitative Immunoglobulins IgG, IgA, IgM**
☐ **555 Rheumatoid Factor, IgG, IgA, IgM by EIA**
☐ **615 Rheumatoid Factor, IgM by Turbidimetry**
☐ **288 T-Spot.TB*****

Additional Tests

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☐ _____
☐ _____
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