

Tests not yet approved by Health Canada for diagnostics are labeled as Research Use Only (RUO). See Page 2 for a list of Diagnostic Tests. Please mark **ALL tests** to be done. **Patient Information, Referring Physician, and Referring Laboratory, and Billing Options are ALL REQUIRED for samples to be processed without delay.**

PATIENT INFORMATION	REFERRING PHYSICIAN INFORMATION
Patient Name (Surname, First name) Gender Female Male Other Personal Health Number Date of Birth (dd/mm/yy) Address (for non-Alberta Residents)	Physician Name (Surname, First name) Phone Number Fax Number Email address Comments

REFERRING LABORATORY INFORMATION	SAMPLE INFORMATION
Laboratory Name Address Phone number Fax number Email address	Sample Type Serum Plasma Time and Date Collected (dd/mm/yy) Comments

BILLING OPTIONS AND RECEIVING RESULTS (choose option A or B)

A Referral Laboratory
Payment to MitogenDx by Referral laboratory

Invoices for payment of requested tests will be sent directly to the referring laboratory.

Receiving Results: Results typically follow 7-10 days after receipt of sample, depending on the test(s) requested. Please visit our website for turnaround times for specific tests (www.mitogendx.com).

B Direct to Customer
Customer to provide direct payment to MitogenDx by credit card (see Contact Us)

Customer Name	Address
City	Province/State
Country	Phone
Customer Email	

Receiving Results: Results typically follow 7-10 days after receipt of sample, depending on the test(s) requested. Please visit our website for turnaround times for specific tests (www.mitogendx.com). By checking the box for **Option B**, you consent to having your results sent to the customer email provided. If you wish to have your results sent directly to the physician on this requisition, please enter "I consent to having my test results sent directly to physician" in the **COMMENTS** box on **Page 2** of this requisition.

SAMPLE COLLECTION

Sample Collection Procedure: Serum samples should be obtained from blood collected in a Serum Separator Tube (SST). Serum obtained from a single SST tube is preferred. For plasma samples, plasma EDTA is preferred.

Please send serum (separated from clot) **and** EDTA-plasma (separated from cells) frozen on dry ice.

SHIPPING INFORMATION

Please ensure your samples are scheduled to arrive **before 3pm on Friday** of any desired workweek. Please do not send samples on weekends or holidays as MitogenDx will be closed and **SAMPLES WILL NOT BE RECEIVED UNTIL THE FOLLOWING WORKWEEK**. Shipments from any shipping company are accepted (including Purolator and FedEx). Tracking numbers should be retained for delivery confirmation. If problems arise or your package is not delivered promptly please email us at lab@mitogendx.com

Shipping--See Intra-Canada Shipping Guide/International Shipping Guide. Please send properly labeled and packaged samples with this requisition to the address below.

CONTACT US

MitogenDx Laboratory
 3415C 3rd Ave N.W
 Calgary, AB, T2N 0M4
 Phone: 403-800-8851 Fax: 403-800-8852
 Email: lab@mitogendx.com
 Visit our website: www.mitogendx.com

COMPLEMENT TEST REQUISITION

Complement Panel 1 (RUO): AH50, CH50, MBL, sC5b-9

Complement Panel 2: 16-Plex Clinical (RUO)--Adipsin, Complement C1q, Complement C2, Complement C3, Complement C3a, Complement C3b/iC3b, Complement C4, Complement C4b, Complement C5, Complement C5a, Complement C9, Factor B, Factor H, Factor I, Mannose-Binding Lectin (MBL), Properdin

Complement Panel 3 (RUO): C1q autoantibodies, Factor H autoantibodies

Complement Panel 4 (RUO): C1 INH protein, C1 INH functional assay

COMMENTS