

**Department of Clinical Immunology & Rheumatology, KGMU, Lucknow**  
**Requisition form for ANA/ENA/ANCA/dsDNA/C3/C4/APLA/MSA**

|                                |  |  |  |
|--------------------------------|--|--|--|
| Name                           |  | Provisional Diagnosis                      |  |
| Age/Sex                        |  | Previous ANA/ENA/ANCA/dsDNA/C3/C4/APLA/MSA |  |
| OPD/Ward-Bed No.<br>Department |  | Date requisitioned                         |  |
| Physician I/C                  |  | Ph.No. Patient                             |  |

|                 |                                    |  |                                     |  |  |   |
|-----------------|------------------------------------|--|-------------------------------------|--|--|---|
| Requisition for | ANA-IF<br><input type="checkbox"/> | ENA (Immunoblot)<br><input type="checkbox"/> | ANCA-IF<br><input type="checkbox"/> | PR3 (ELISA)<br><input type="checkbox"/>  | MPO (ELISA)<br><input type="checkbox"/>  | dsDNA (ELISA)<br><input type="checkbox"/> |
|                 | C3<br><input type="checkbox"/>     | C4<br><input type="checkbox"/>               | LAC<br><input type="checkbox"/>     | $\beta$ 2GPI<br><input type="checkbox"/> | Anti Cardiolipin Ab (IgM And IgG)<br><input type="checkbox"/> <input type="checkbox"/> | MSA<br><input type="checkbox"/>           |

|   |  |                                   |  |
|---|--|-----------------------------------|--|
| Fever   |  | Pleuritis/Pleural effusion        |  |
| Photosensitivity/Photosensitive rash                    |  | Pericarditis/Pericardial effusion |  |
| Skin rash/Skin infarcts                                 |  | Active sediments in Urine         |  |
| Oral ulcers   |  | Proteinuria>0.5gm/day             |  |
| Non-scarring alopecia                                   |  | Suspected myositis                |  |
| Raynaud's phenomenon                                    |  | Suspected autoimmune hepatitis    |  |
| Diffuse/limited skin tightening                         |  | Dry eyes- Positive Schirmer       |  |
| Palpable purpura (without low platelet count)           |  | Dry mouth                         |  |
| Non-healing ulcers                                      |  | ILD/ PAH                          |  |
| Livedo Reticularis                                      |  | Alveolar hemorrhage               |  |
| Gangrene  |  | Prolonged aPTT                    |  |
| Arthritis/Arthralgia                                    |  | Hemolytic anemia                  |  |
| Ascites   |  | Leukopenia/Lymphopenia            |  |
| Seizure   |  | Thrombocytopenia                  |  |
| Psychosis   |  | Positive DCT                      |  |
| Mononeuritis multiplex                                  |  | Low C3/C4                         |  |
| Young/recurrent CVA                                     |  | Others :-                         |  |
| Congenital heart block                                  |  |                                   |  |
| Recurrent unexpected pregnancy loss (Mention trimester) |  |                                   |  |

(Please tick those present and leave others blank)

Name of Requisitioning Doctor  
(In Capital)

Signature

N.B. - Collect 2 ml blood in plain vacutainer (Red Colour) for each test.

**PLEASE SEND SAMPLE WITH COMPLETED FORM ONLY.**  
**Reports of Incomplete forms are liable to be withheld.**

1. ANA

| Date Performed | Titre | Intensity | Pattern |
|----------------|-------|-----------|---------|
|                | 1:100 |           |         |
| Comments       |       |           |         |

2. ANCA

|                |          |  |  |
|----------------|----------|--|--|
| Date Performed | MPO-ANCA |  |  |
|                | PR-ANCA  |  |  |
| Comments       |          |  |  |