



# Neuro-Immunology Laboratories

Brain  
Research  
Centre



## Interferon beta Neutralizing Antibodies (91858-BC) Requisition (for non-BC patients)

SAMPLES WILL NOT BE ASSAYED IF INFORMATIONS ARE INCOMPLETE.

PATIENT INFORMATION			REFERRING PHYSICIAN	
Personal Health Number	Province	DOB (MM/DD/YYYY)	Name of Physician / MSP Practitioner Number	
Surname of Patient	First Name and Middle Initial	Gender (M/F)	Address	
Address	Tel (include area code)		Telephone	
City / Town	Postal Code		Fax	
Bill to: <input type="checkbox"/> Prov. Health Services <input type="checkbox"/> Hospital for In Patients <input type="checkbox"/> Patient <input type="checkbox"/> Other _____			Send Copy of Results to:	
REQUESTING LABORATORY			SPECIMEN INFORMATION	
Facility			Date of Collection (MM/DD/YYYY)	
Address	Tel (include area code)	Fax (include area code)	Time of Collection (24h)	
City/Town	Province	Postal Code		
TREATMENT HISTORY				
Current Treatment Drug / Duration (MM/DD/YYYY)		Previous Treatment Drug / Duration (MM/DD/YYYY)		
<input type="checkbox"/> Avonex      from _____ to present <input type="checkbox"/> Betaseron    from _____ to present <input type="checkbox"/> Rebif 44     from _____ to present <input type="checkbox"/> Rebif 22     from _____ to present		<input type="checkbox"/> Avonex      from _____ to _____ <input type="checkbox"/> Betaseron    from _____ to _____ <input type="checkbox"/> Rebif 44     from _____ to _____ <input type="checkbox"/> Rebif 22     from _____ to _____		
PLEASE DRAW 1 TUBE, 7.5MLS WITH SST ACTIVATOR SPIN, ALIQUOT SERUM, FREEZE & BATCH FOR DELIVERY ON ICE PACKS ( Dry Ice not necessary)		<b><u>Other Clinical Information / Comments:</u></b>		
NO SATURDAY / SUNDAY DELIVERY				
DELIVER TO NEUROIMMUNOLOGY LABS BRAIN RESEARCH CENTRE UBC HOSPITAL, ROOM S157 2211 WESBROOK MALL VANCOUVER BC V6T 2B5 ATTENTION TARIQ		Signature of Requesting Physician		
Dr. J Oger (604) 822 7548 Laboratory (604) 822 7175 Secretary/Billing (604) 822 7696 Facsimile (604) 822 0758		Date (MM/DD/YYYY)		