



ROSALIND FRANKLIN  
UNIVERSITY  
of MEDICINE AND SCIENCE

Clinical Immunology Laboratory  
Requisition Form

Website: [rfuclinlab.net](http://rfuclinlab.net)

3333 Green Bay Road  
Room 2.232  
North Chicago, IL 60064  
Tel: 847-578-3444  
Fax: 847-775-6506  
E-mail: [clinlab@rosalindfranklin.edu](mailto:clinlab@rosalindfranklin.edu)

**Test: Erythrocyte Transketolase Activity Coefficient (Vitamin-B1/Thiamine)**

**REFERRING PHYSICIAN INFORMATION:**

PLEASE PRINT

NAME		ADDRESS	CITY/STATE
NPI#	E-MAIL	PHONE	FAX

**PATIENT INFORMATION:**

LAST NAME		FIRST NAME		MIDDLE INITIAL	PATIENT PHONE#	
ADDRESS			CITY		STATE	ZIP
DATE OF BIRTH (DD/MM/YY)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY	RACE	COLLECTION DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM

**LEGAL GUARDIAN:**

LAST NAME		FIRST NAME		MIDDLE INITIAL	PATIENT PHONE#	
ADDRESS			CITY		STATE	ZIP

Results will be sent out to your referring physicians. If you would like an additional laboratory report sent to you, please refer to CIL portal <https://rfuclinlab.orchardpatient.rosalindfranklin.edu/patientportal/login>

By Filling out this form, I agree that laboratory results containing my personal health information can be transferred to below email address

EMAIL:

**Please note that this is a self-pay test, no information will be submitted to your insurance provider. Please initial the below statement acknowledging financial responsibility**

*I acknowledge that I am fully responsible for charges accrued from testing aforementioned within this requisition. I acknowledge that I will be charged an ETKAC testing fee which will include testing, shipping kit/fees\_\_\_\_\_ (patient/legal-guardian initial)*

**PAYMENT INFORMATION:**

I hereby authorize Rosalind Franklin University to debit my credit card

☐ Visa

☐ Master Card

☐ Discover

☐ American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature \_\_\_\_\_

Check Number \_\_\_\_\_ is enclosed

**A \$25.00 fee will be charged for returned checks**

Financial Counselor, Email: [CILBilling@rosalindfranklin.edu](mailto:CILBilling@rosalindfranklin.edu) or phone 847-578-8815