



Arkana
Laboratories

Arkana Laboratories offers serum testing for primary membranous glomerulopathy (PLA₂R, THSD7A) and kidney anti-brush border antibodies disease (ABBA).

HERE'S WHAT WE NEED:

- **PREFERRED TUBE: RED TOP (NO GEL)**
- **SPECIMEN VOLUME: 2 ML OF SERUM**
- **SPECIMEN MINIMUM VOLUME: 0.5 ML**

Serum samples should be shipped overnight to Arkana Laboratories at room temperature. All samples should be labeled with patient information.

Arkana Laboratories

10810 Executive Center Drive
Suite 100
Little Rock, AR 72211



Arkana Laboratories

Serology Requisition Form

Affix patient sticker here

Patient Information:

Collection Date : _____

Inpatient Outpatient

Specimen Submitted: Blood Serum Submitted for: PLA₂R THSD7A ABBA

Patient pre-test diagnosis: _____

Requesting Physician (Signature Required) : _____

Patient Name: _____ Social Security #: _____ Gender: M F

Date of Birth (MMDDYYYY): _____ Phone #: _____ Marital Status: Married Single Other

Address: _____ City: _____ State: _____ Zip Code: _____

Ordering Physician Information:

Physician Name: _____ Phone #: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Send additional copy of report to: _____

Insurance Information: Complete or attach a copy of insurance card and authorization

Insured/Responsible Party: _____ Date of Birth (MMDDYYYY): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Patient's relationship to insured: Self Spouse Dependent Other

Member ID #: _____ Medicare Medicaid HMO PPO Other

Policy #: _____ Group #: _____

Insurance Co. Name: _____ Insurance Co. Address: _____ Insurance Co. Phone #: _____

Employer Name: _____ Employer Phone #: _____

Referral Authorization/Precertification #: _____

Print Name: _____ Signature: _____ Date: _____