

IMMUNOLOGY REQUEST

1ST Floor, Laboratory Medicine and Facilities Management Building,
QUEEN ELIZABETH UNIVERSITY HOSPITAL, Govan Road, Glasgow G51 4TF
Enquiries: 0141 347 8872, ext. 68872 or email ggc.immunology.labs@nhs.scot



PATIENT DETAILS

Surname:
Forename:
CHI (or hospital) number:
Date of Birth: / / Sex:
Address:
Post code:

ADDRESS FOR RESULTS

GP or Consultant:
Practice address:
or
Hospital:
Ward/Dept:

CLINICAL INFORMATION

TESTS REQUIRED – send one tube of blood for each section ticked; phone the laboratory to arrange any urgent tests
PLEASE REFER TO T&C's & LAB HANDBOOK ON www.nhs.gov.uk/inilab BEFORE SENDING SAMPLES

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|---|------|
| AUTOANTIBODIES (IIF) – gel tube | Tick |
| ANA (anti-nuclear & centromere abs) | |
| Liver abs (mitochondrial, smooth muscle, LKM) | |
| Gastric parietal cell abs | |
| Adrenal abs | |
| Skin antibodies | |

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| LYMPHOCYTE SUBSETS – EDTA tube | Tick |
| Basic panel for HIV/BMT monitoring | |
| CD3 count – cardiac transplant (GJNH only) | |
| Other panel/test – must call lab to arrange | |

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| AUTOANTIBODIES (serology) – gel tube | Tick |
| MPO/PR3 abs for ANCA vasculitis | |
| *if urgent MPO/PR3, must call lab to arrange | |
| GBM abs | |
| IgA coeliac serology – for diagnosis | |
| IgA coeliac serology – for monitoring | |
| IgG coeliac serology (provide total IgA: request only accepted if total IgA <0.2 g/L) | |
| DNA abs (monitoring known SLE patients only) | |

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|---|------|
| ALLERGY – gel tube | Tick |
| Total IgE | |
| Aspergillus IgG & IgE serology | |
| Avian (pigeon) IgG serology | |
| Farmer's lung IgG serology | |
| Tryptase | |
| *please state time of tryptase sample in relation to reaction (in hours) or 'random' if no recent reaction: | |

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| ANTIBODIES (ELISA) – gel tube | Tick |
| Intrinsic factor abs | |
| Functional abs (tetanus, pneumococcus, Hib) | |

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| IMMUNOCHEMISTRY – gel tube | Tick |
| C1 inhibitor levels (separate gel tube) | |
| C3 & C4 | |
| Rheumatoid factor | |

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| COMPLEMENT FUNCTION (contact lab) | Tick |
| C1 inhibitor function (citrate sample , plasma frozen within 3hrs) | |
| CH100/AP100 haemolytic complement function (gel tube , serum frozen within 4hrs) | |

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| ALLERGEN SPECIFIC IGE |
| 3 ml blood needed (gel tube) per 5 specific IgE tests |
| Please state which specific IgE tests are required from repertoire (www.nhs.gov.uk/inilab): |
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OTHER TESTS – please specify:

Date: Time: Signature: Bleep/contact no: