IMMUNOLOGY REQUEST

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

NHS Greater Glasgow and Clyde

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.nhsggc.scot/inilab BEFORE SENDING SAMPLES

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

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)	

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

IMMUNOCHEMISTRY – gel tube	Tick
C1 inhibitor levels (separate **gel tube**)	

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)	

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**	

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:	

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.nhsggc.scot/inilab):

OTHER TESTS – please specify:

Date: Time: Signature: Bleep/contact no: