IMMUNOLOGY REQUEST



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PATIENT DETAILS		ADDRESS FOR RESULTS	
Surname:		GP or Consultant:	
Forename:		Practice address:	
CHI (or hospital) number:		or	
Date of Birth: / / Sex:		Hospital:	
Address: Post code:		Ward/Dept:	
CLINICAL INFORMATION (if tryptase requ	est, state tin	ne since onset of reaction in hours)	
PLEASE REFER TO T&C's & LAB HAND	BOOK ON <u>v</u>	ction ticked; phone the laboratory to arrange any urg	S
UTOANTIBODIES (IIF) – gel tube	Tick	LYMPHOCYTE SUBSETS – EDTA tube	Tick
NA (anti-nuclear & centromere abs)		Basic panel for HIV/BMT monitoring CD3 count – cardiac transplant (GJNH only)	
ver abs (mitochondrial, smooth muscle, LKM) astric parietal cell abs	 	Other panel/test – must call lab to arrange	
drenal abs		Other panel/test – must can lab to arrange	
cin antibodies		ALLERGY – gel tube	Tick
Kill altibodies		Total IgE	TICK
UTOANTIBODIES (serology) – gel tube	Tick	Tryptase	
PO/PR3 abs for ANCA vasculitis	TICK	Aspergillus IgG & IgE serology	
f urgent MPO/PR3, must call lab to arrang	e	Avian (pigeon) IgG serology	
BM abs		Farmer's lung IgG serology	
A coeliac serology – for diagnosis			
A coeliac serology – for monitoring		ALLERGEN SPECIFIC IGE	Tick
G coeliac serology (provide total IgA:		Full repertoire on www.nhsggc.scot/inilab	
quest only accepted if total IgA <0.2 g/L)		3 ml blood needed (gel tube) per 5 specific IgE tests	
NA abs (monitoring known SLE patients only)		House dust mite	
		Grass pollen	
NTIBODIES (ELISA) – gel tube	Tick	Tree pollen	
trinsic factor abs		Cat	
unctional abs (tetanus, pneumococcus, Hib)		Dog	
CONTROL CAMPANA A LA LA	m: i	Peanut	
MMUNOCHEMISTRY – gel tube 1 inhibitor levels (separate gel tube)	Tick	Tree nuts – specify:	
3 & C4		Milk Egg	
		Wheat	
		Soya	
neumatoid factor			
	Tick	I Shrimb	1
OMPLEMENT FUNCTION (contact lab)	Tick	Shrimp Latex	
	Tick	Latex	
OMPLEMENT FUNCTION (contact lab) 1 inhibitor function (citrate sample, plasma	Tick	-	
OMPLEMENT FUNCTION (contact lab) I inhibitor function (citrate sample, plasma ozen within 3hrs)	Tick	Latex	
OMPLEMENT FUNCTION (contact lab) I inhibitor function (citrate sample, plasma ozen within 3hrs) H100/AP100 haemolytic complement	Tick	Latex	

Date:

Time:

Bleep/contact no:

Signature: