

IMMUNOLOGY REQUEST

1ST Floor, Laboratory Medicine and Facilities Management Building,
 QUEEN ELIZABETH UNIVERSITY HOSPITAL,
 Govan Road, Glasgow G51 4TF

Enquiries: 0141 347 8872 or ext 68872 or email Immunology.Labs@ggc.scot.nhs.uk



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 (if relevant state time since onset of reaction in hours)

TESTS REQUIRED – send one tube of blood for each section ticked; contact the lab to arrange any urgent tests

PLEASE REFER TO T&C's ON WEBSITE & LAB HANDBOOK 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	

ALLERGY – gel tube	Tick
Tryptase	
Aspergillus serology	
Avian (pigeon) serology	

ANTIBODIES (serology) – gel tube	Tick
MPO/PR3 abs for ANCA vasculitis	
*if urgent MPO/PR3, must contact lab to arrange	
GBM abs	
Coeliac serology – for diagnosis	
Coeliac serology – for monitoring	
Cardiolipin abs send to haemostasis lab - GRI	
DNA abs (monitoring known SLE patients only)	
Functional abs (tetanus, pneumococcus, Hib)	

ALLERGEN SPECIFIC IGE (RASTs)	Tick
3 mls blood needed (gel tube or clotted sample) for total IgE plus 5 allergens	
Total IgE	
House dust mite	
Grass pollen	
Cat	
Dog	
Feathers – poultry	
Feathers – caged birds	
Peanut	
Tree nuts – specify-	
Milk	
Egg	
Wheat	
Soya	
Cod	
Shrimp	
Mussel	
Latex	
Other - specify	

IMMUNOCHEMISTRY – gel tube	Tick
Immunoglobulins & electrophoresis send to biochemistry	
C1 inhibitor levels	
C3 & C4	
Rheumatoid factor	

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

URINE – plain universal	Tick
Electrophoresis/ Bence Jones Protein - send to biochemistry	

LYMPHOCYTE SUBSETS – EDTA tube	Tick
Basic panel for HIV/BMT monitoring	
Other panel/test – contact lab to arrange	

OTHER TESTS – please specify	Tick

Date: Time: Signature:

Bleep/contact no: