

Paediatric Allergy & Immunology Laboratory

MD1, Tahir Foundation Building Level 15
12 Science Drive 2, Singapore 117549

AFFIX PATIENT'S
LABEL/STICKER

<p>Clinical Diagnosis/ Relevant Information:</p> <p><i>On Immunosuppressant/immunomodulator therapy: Yes / No</i></p> <p><i>If yes: please specify _____</i></p> <p>Date/Time Sample Drawn: _____</p>	<p>Name & Signature of Doctor:</p> <p>Contact/Email:</p>
<p>Please tick test request (Blood sample specifications in parenthesis) and indicate <u>URGENT</u> if needed. All urgent samples <u>MUST</u> arrive laboratory latest by 12noon in order to receive preliminary results within the same day for assays indicated "#". *Please contact lab staff for more details.</p>	
<p>Specific Functional Tests</p> <p><input type="checkbox"/> MSMD² *Mon to Wed only, no PH following 2nd & 3rd day of receipt (15ml NaHep & Healthy Control, 5ml for patient age <2 yrs)</p> <p><input type="checkbox"/> CD62L Shedding Assay² - TLR (3ml NaHep & Healthy Control; 1 ml for infants <15mths)</p> <p><input type="checkbox"/> STAT-3 Phosphorylation² (10ml NaHep & Healthy Control; 3 ml for infants <15mths)</p> <p><input type="checkbox"/> CD40 Ligand² (3ml NaHep & Non-related Control; 1 ml for infants <15mths)</p> <p><input type="checkbox"/> IL-10 Receptor Functional Assay² (10ml NaHep & Healthy Control; 3 ml for infants <15mths)</p> <p><input type="checkbox"/> Neutrophils Oxidative Burst test by DHR^{#3} (3ml LiHep & Non-related Control; 1 ml for infants)</p> <p><input type="checkbox"/> Anti-Interferon-gamma antibody⁴ (3ml EDTA)</p> <p><input type="checkbox"/> Others (Specify: _____)</p> <p>Lymphocyte Proliferation² *Mon & Fri only, no PH following 3rd & 4th day of receipt (10ml or 20ml NaHep & Healthy Control) (3-5 ml for infant age < 2 yrs)</p> <p><input type="checkbox"/> Phytohaemagglutinin (PHA)</p> <p><input type="checkbox"/> Concanavalin A</p> <p><input type="checkbox"/> anti-CD3 & anti-CD3/CD28</p> <p><input type="checkbox"/> Others (Specify: _____)</p>	<p>Lymphocyte Subsets^{#1} (3ml EDTA for all markers selected)</p> <p><input type="checkbox"/> CD 2 (Thymocytes)</p> <p><input type="checkbox"/> CD 3 (T cells)</p> <p><input type="checkbox"/> CD 4 (T helper/inducer)</p> <p><input type="checkbox"/> CD 8 (T cytotoxic/suppressor)</p> <p><input type="checkbox"/> CD 20 (B cells)</p> <p><input type="checkbox"/> NK (Natural Killer Cells)</p> <p><input type="checkbox"/> CD19 (Pan B cells)</p> <p><input type="checkbox"/> CD23 (EBV Receptor)</p> <p><input type="checkbox"/> IgD (Naive B cells)</p> <p><input type="checkbox"/> CD27 (Memory B cells)</p> <p><input type="checkbox"/> CD10 (Transitional B cells)</p> <p><input type="checkbox"/> CD45 RA (Naive T cells)</p> <p><input type="checkbox"/> CD45 RO (Memory T cells)</p> <p><input type="checkbox"/> TCRαβ (T Cell Receptor)</p> <p><input type="checkbox"/> TCRγδ (T Cell Receptor)</p> <p><input type="checkbox"/> Others (Specify: _____)</p> <p>Lymphocyte Activation Markers^{#1} (1ml EDTA)</p> <p><input type="checkbox"/> CD 25 (IL-2 Receptor)</p> <p><input type="checkbox"/> HLA-DR</p> <p>Flow Cytometric Crossmatch^{#2} (20ml NaHep – donor; 5ml Plain – recipient)</p> <p><input type="checkbox"/> IgG T Cells</p> <p><input type="checkbox"/> IgG B Cells</p> <p>T-SPOT.TB Test³ (Li Hep)</p> <p>*Mon to Thurs only, except PH & eve of PH (15ml for patient WBC <2.0x10⁹; 10ml for patient ≥ 10 years; 4ml for patient age 2-9years; 2ml for patient age <2 yrs)</p> <p><input type="checkbox"/> TB T-SPOT</p>
<p>1⁴: Cutoff time for specimen receipt in laboratory 1 4pm 2 12noon 3 3pm 4 5pm</p> <p>*You may contact lab staff at +65 6601 3306 or email us at NUHPaedimm@nuhs.edu.sg for any queries.</p>	



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Service Agreement

This Service Agreement will apply where there is no existing agreement between parties to regulate the testing of samples in NUH Paediatric Allergy & Immunology Laboratory.

1. PROCESSING OF REQUESTS AND ENQUIRIES FOR TESTING OF SAMPLES

- 1.1 Requests and enquiries for the testing of samples (each a “Request”) to the Laboratory shall be processed via phone call or email. The person making a Request is herein referred to as a “Requestor”.
- 1.2 For internal Requests, the Requestor shall submit such Requests by ordering via the EPIC System. The Requestor shall print out the order form, which must be submitted together with the sample to the Laboratory unless agreed otherwise by the Laboratory.
- 1.3 For external Requests:
 - (a) the Laboratory shall provide the Requestor with the request form to be completed by him/her; or
 - (b) the Requestor is permitted to use his/her own organization’s request form so long as said request form indicates the tests required.
- 1.4 Where a Requestor makes a verbal request, the Requestor shall send confirmation email stating the nature of the Request within 24 hours from the time the verbal Request was made. The Laboratory reserves the right to withhold testing of the sample until the Laboratory receives the confirmation email for the Request.
- 1.5 All Laboratory Services requests shall be ordered by a physician.

2. EVALUATION AND REJECTION OF SAMPLES

- 2.1 Prior to carrying out any testing of samples in a Request, the Laboratory will evaluate the sample(s) provided by the Requestor to determine if the sample(s) pass the sample acceptance criteria for the requested test(s).
- 2.2 In the event that the sample acceptance criteria are not met, the Laboratory will notify the Requestor of such non-conformity:
 - (a) Where both the Laboratory and the Requestor agree to continue to use the sample for the requested test(s), notwithstanding the non-conformity, the test report for the sample will indicate the nature of the non-conformity (where applicable) and that the Requestor should take caution when interpreting the test results; or
 - (b) Where the Laboratory is unable to proceed with the requested test(s) or the Requestor agrees not to proceed with the requested test(s), the Laboratory will provide a sample rejection form stating the reasons for rejection to the Requestor.

3. COMPETENCIES AND RESOURCES OF THE LABORATORY

- 3.1 The Laboratory shall ensure that its Laboratory personnel conducting the requested test(s) has the necessary competencies to carry out said test(s).
- 3.2 The Laboratory shall ensure that it has sufficient resources to perform the requested test(s). In the event that the Laboratory is unable to perform the requested test(s), the Laboratory shall notify the Requestor.

4. ADVICE ORDERING TESTS AND INTERPRETATING TEST RESULTS ON

Should the Requestor require clinical advice in respect of the ordering of test(s) and/or the interpretation of test results, the Requestor may contact the Laboratory regarding such requirements. The Laboratory will consult its clinicians and thereafter provide the Requestor with clinical advice.

5. HANDLING OF COMPLAINTS

The Laboratory will record complaints made to the Laboratory. Depending on the clinical implication(s) of the complaint, the Laboratory will assign a duly authorized Laboratory personnel to handle the conduct of the complaint.

Where the complaint involves major clinical implications(s), the authorized Laboratory personnel shall conduct an investigation into the complaint.

6. PERSONAL DATA PROTECTION ACT 2012 (“PDPA”)

Where the Request(s) and/or sample(s) contain information comprising personal data as defined in PDPA, the Laboratory shall adopt appropriate and reasonable measures to ensure that it complies with the personal data provisions set out in PDPA (where applicable) in respect of the personal data.