

Paediatrics Allergy & Immunology Laboratory

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

AFFIX PATIENT's
LABEL/STICKER

Clinical Diagnosis/ Relevant Information:	Name & Signature of Doctor:
Date/Time Sample Drawn:	Contact/Email:
<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 PID Testing</p> <p> <input type="checkbox"/> MSMD² *contact lab staff (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"/> Dihydrorhodamine DHR^{#3} (3ml LiHep & Non-related Control; 1 ml for infants) </p> <p> <input type="checkbox"/> Autoantibody to gamma-Interferon⁴ (3ml EDTA) </p> <p> <input type="checkbox"/> Others (Specify: _____) </p> <p>Lymphocyte Proliferation² *contact lab staff (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"/> CD45 RA (Naive T cells) </p> <p> <input type="checkbox"/> CD45 RO (Memory T cells) </p> <p> <input type="checkbox"/> TCRAβ (T Cell Receptor) </p> <p> <input type="checkbox"/> TCR$\gamma\delta$ (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>TB T-SPOT Test³ (LiHep) *contact lab staff (15ml for patient WBC <2.0x10⁶; 10ml for patient \geq 10 years; 4ml for patient age 2-9years; 2ml for patient age <2 yrs) </p> <p> <input type="checkbox"/> TB T-SPOT </p>	

¹⁻⁴ : Cutoff time for specimen receipt in laboratory ¹ 4pm ²12noon ³3pm ⁴ 5pm

*You may contact lab staff at +65 6601 3306 or email us at NUHPaedimm@nuhs.edu.sg for any queries.