

## 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:   Date/Time Sample Drawn:	Name & Signature of Doctor:   Contact/Email:
<p>Please tick test request (Blood sample specifications in parenthesis) and indicate <b>URGENT</b> if needed. All urgent samples <b>MUST</b> 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><b>Specific PID Testing</b></p> <p><input type="checkbox"/> MSMD<sup>2</sup> *contact lab staff (15ml NaHep &amp; Healthy Control, 5ml for patient age &lt;2 yrs)</p> <p><input type="checkbox"/> CD62L Shedding Assay<sup>2</sup> - TLR (3ml NaHep &amp; Healthy Control; 1 ml for infants &lt;15mths)</p> <p><input type="checkbox"/> STAT-3 Phosphorylation<sup>2</sup> (10ml NaHep &amp; Healthy Control; 3 ml for infants &lt;15mths)</p> <p><input type="checkbox"/> CD40 Ligand<sup>2</sup> (3ml NaHep &amp; Non-related Control; 1 ml for infants &lt;15mths)</p> <p><input type="checkbox"/> IL-10 Receptor Functional Assay<sup>2</sup> (10ml NaHep &amp; Healthy Control; 3 ml for infants &lt;15mths)</p> <p><input type="checkbox"/> Dihydrorhodamine DHR<sup>#3</sup> (3ml LiHep &amp; Non-related Control; 1 ml for infants)</p> <p><input type="checkbox"/> Autoantibody to gamma-Interferon<sup>4</sup> (3ml EDTA)</p> <p><input type="checkbox"/> Others (Specify: _____ )</p> <p><b>Lymphocyte Proliferation<sup>2</sup></b> *contact lab staff (10ml or 20ml NaHep &amp; Healthy Control) (3-5 ml for infant age &lt; 2 yrs)</p> <p><input type="checkbox"/> Phytohaemagglutinin (PHA)</p> <p><input type="checkbox"/> Concanavalin A</p> <p><input type="checkbox"/> anti-CD3 &amp; anti-CD3/CD28</p> <p><input type="checkbox"/> Others (Specify: _____ )</p>	<p><b>Lymphocyte Subsets<sup>#1</sup></b> (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"/> TCRαβ (T Cell Receptor)</p> <p><input type="checkbox"/> TCRγδ (T Cell Receptor)</p> <p><input type="checkbox"/> Others (Specify: _____ )</p> <p><b>Lymphocyte Activation Markers<sup>#1</sup></b> (1ml EDTA)</p> <p><input type="checkbox"/> CD 25 (IL-2 Receptor)</p> <p><input type="checkbox"/> HLA-DR</p> <p><b>Flow Cytometric Crossmatch<sup>#2</sup></b> (20ml NaHep – donor; 5ml Plain – recipient)</p> <p><input type="checkbox"/> IgG T Cells</p> <p><input type="checkbox"/> IgG B Cells</p> <p><b>TB T-SPOT Test<sup>3</sup></b> (LiHep) *contact lab staff (15ml for patient WBC &lt;2.0x10<sup>6</sup>; 10ml for patient ≥ 10 years; 4ml for patient age 2-9years; 2ml for patient age &lt;2 yrs)</p> <p><input type="checkbox"/> TB T-SPOT</p>
<p><sup>1-4</sup>: Cutoff time for specimen receipt in laboratory <sup>1</sup> 4pm <sup>2</sup> 12noon <sup>3</sup> 3pm <sup>4</sup> 5pm</p> <p>*You may contact lab staff at +65 6601 3306 or email us at <a href="mailto:NUHPaedsimmm@nuhs.edu.sg">NUHPaedsimmm@nuhs.edu.sg</a> for any queries.</p>	