

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>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 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"/> 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 (LiHep) (15ml for patient WBC <2.0x10⁶; 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>¹⁻⁴ : Cutoff time for specimen receipt in laboratory ¹ 4pm ² 12noon ³ 3pm ⁴ 5pm *You may contact lab staff at +65 6601 3306 or email us at NUHPaedimm@nuhs.edu.sg for any queries.</p>	

