

## Primary Immunodeficiency (PID) Request Form

*(Please read the instructions on page 2 before filling in request form)*

Appointment date given : \_\_\_\_\_(please fill in)

### 1. Personal Details

<b>Name :</b>		
<b>Date of Birth :</b>	<b>Age :</b>	<b>Gender :</b>
<b>NRIC :</b>	<b>RN:</b>	
<b>Clinic/Ward :</b>	<b>Hospital :</b>	
<b>Requesting Specialist :</b>		
<b>Requesting Specialist's Contact Number :</b>		

### 2. Clinical History *(Summary of events that suggest PID etiology. Please attach a detailed patient's clinical summary if the space below is insufficient)*

### 3. Family Pedigree *(3 generations or more)*

### 4. Investigation required (please tick):

<b>A. Preliminary assessment of immune parameters</b>	
Lymphocyte Subset Enumeration (TBNK)	<input type="checkbox"/>
Immunoglobulin and complement levels (IgG, IgA, IgM, C3, C4)	<input type="checkbox"/>
<b>B. Functional assay for chronic granulomatous disease</b>	
*Case must be discussed with PID unit Officers	
Dihydrorhodamine test (DHR)	<input type="checkbox"/>
<b>C. Other test (please specify)</b>	
*Case must be discussed with PID unit Officers	

Requesting doctor's full name and signature: \_\_\_\_\_

Specialist in charge's signature: \_\_\_\_\_

Blood taken at      Time: \_\_\_\_\_      Date: \_\_\_\_\_      Ext No: \_\_\_\_\_

}

**MANDATORY**

**Instruction**

1. All laboratory tests are performed on appointment basis on every working Mondays-Thursdays. Please call our unit at 03-33628386 for appointment.
2. Samples must reach *Primary Immunodeficiency (PID) Unit, Allergy and Immunology Research Centre* before 1 pm on appointment date. Please call to inform if there is any delay/cancellation. Please liaise with your local laboratory to ensure proper arrangement for sample delivery.
3. Please fill in all sections in the request form.
4. Samples **must not** be transported in ice.
5. Please follow the requirement below for each test requested. Take note of the more stringent requirement for test B below:

<b>A. Preliminary assessment of immune function</b>			
<b>Investigation (Method used)</b>	<b>Specimen container</b>	<b>Sample volume</b>	<b>Details</b>
Lymphocyte subset enumeration (TBNK)  (Flow cytometry)	EDTA	2 ml fresh blood	Measurement of : 1. Total T cells (CD3) 2. T helper cells (CD4) 3. Cytotoxic T cells (CD8) 4. B cells (CD19) 5. Natural Killer cells
Immunoglobulin and complement  (Turbidimetry)	Plain	5 ml blood	Measurement of IgG, IgA, IgM, C3 and C4.  <i>*IgE is performed by the Allergy unit (please request separately from the Allergy unit)</i>

<b>B. Functional assay for chronic granulomatous disease</b> <b>(This test is for cases highly suspicious of chronic granulomatous disease. Please discuss with PID officers)</b>			
<b>Investigation (Method used)</b>	<b>Specimen container</b>	<b>Sample volume</b>	<b>Details</b>
Dihydrorhodamine test [DHR]  (Flow cytometry)	Lithium Heparin	2ml fresh blood from patient and 2 ml from unrelated healthy person (regardless of age and gender)  #please also send 1 ml of patient's blood in EDTA if this test is requested separately from Lymphocyte subset enumeration (TBNK) test.	Assessment of neutrophils respiratory burst