



ALLERGY REQUEST FORM

Allergy Unit
 Allergy & Immunology Research Centre (AIRC)
 Institute for Medical Research (IMR)
 National Institutes of Health (NIH)
 No 1, Jalan Setia Murni U13/52
 Seksyen U13 Setia Alam, 40170 Shah Alam, Selangor
 No Tel: 03-33628385
 Email: allergyimrkl@gmail.com

**For IMR Lab
No. ONLY**

1. Name:	2. R/N:
3. I/C No.:	4. Date of Birth:
5. Age:	6. Gender:
7. Race :	8. Ward/Clinic:
9. Requesting Doctor:	10. Hospital:

11. Related disease: (Please tick if relevant) <ul style="list-style-type: none"> <input type="checkbox"/> Bronchial asthma <input type="checkbox"/> Allergic rhinitis/ eye disease <input type="checkbox"/> Eczema <input type="checkbox"/> Urticaria <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Mast cell disease <input type="checkbox"/> Food/ Medication Allergy <input type="checkbox"/> Multi-trigger wheeze <input type="checkbox"/> Primary immunodeficiency disorder (PID) <input type="checkbox"/> Hypereosinophilia syndrome <input type="checkbox"/> Allergic bronchopulmonary aspergillosis 	12. Clinical Summary:
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13. Diagnosis:

14. Test Requested: (Please tick ONLY appropriate test/s required)	<u>For IMR Allergy Laboratory Use ONLY</u>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">No.</th> <th style="width: 20%;">Test</th> <th style="width: 75%;">Tick</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">i.</td> <td>Total IgE</td> <td></td> </tr> <tr> <td style="text-align: center;">ii.</td> <td>Specific IgE:</td> <td> Please specify allergen to be tested: <input type="checkbox"/> Aeroallergen: _____ <input type="checkbox"/> Food: _____ <input type="checkbox"/> Medication: _____ <input type="checkbox"/> Others: _____ </td> </tr> <tr> <td style="text-align: center;">iii.</td> <td>Tryptase</td> <td> <input type="checkbox"/> Anaphylaxis <i>Onset/Death time:</i> <i>Sampling time :</i> <input type="checkbox"/> Mast cell disorder </td> </tr> <tr> <td style="text-align: center;">iv.</td> <td>Eosinophil cationic protein (ECP)</td> <td> <input type="checkbox"/> Allergic disease <input type="checkbox"/> Eosinophil associated disorder </td> </tr> </tbody> </table>	No.	Test	Tick	i.	Total IgE		ii.	Specific IgE:	Please specify allergen to be tested: <input type="checkbox"/> Aeroallergen: _____ <input type="checkbox"/> Food: _____ <input type="checkbox"/> Medication: _____ <input type="checkbox"/> Others: _____	iii.	Tryptase	<input type="checkbox"/> Anaphylaxis <i>Onset/Death time:</i> <i>Sampling time :</i> <input type="checkbox"/> Mast cell disorder	iv.	Eosinophil cationic protein (ECP)	<input type="checkbox"/> Allergic disease <input type="checkbox"/> Eosinophil associated disorder	
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15. Specimen Collection Details: Date:..... Sampling site (forensic case) : Time:.....	16. Applicant's Name (Signature & Stamp):
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IMPORTANT NOTICE: To ensure correct and reliable result given, please fill up the entire form and refer next page for sampling guidance.

Sample Collection Instruction and Guidance

No	Tests	Specimen Type	Vacutainer	Guidance/Indication	LTAT (Working days)
1	Total Ig E	Blood	<ul style="list-style-type: none"> • Plain tube • 3 ml • Store at 2 - 8°C • Minimum volume 150 microlitre/test 	<ul style="list-style-type: none"> • Patients with suspected diseases associated with elevations of total immunoglobulin E (Ig E) : including allergic disease, primary immunodeficiencies, autoimmunity, infections, malignancies, or other inflammatory diseases • Diagnostic evaluation/progression in patient with allergic bronchopulmonary aspergillosis • Identifying candidates for omalizumab (anti-IgE) therapy 	10
2	Specific Ig E	Blood	<ul style="list-style-type: none"> • Plain tube • 3 ml • Store at 2 - 8°C 	<ul style="list-style-type: none"> • Testing should be focusing on allergy focus history • Screening without valid history is not recommended 	10
3	Tryptase	Blood	<ul style="list-style-type: none"> • Plain tube • 3 mL • Store at 2 - 8°C • 1 plain tube for each sampling time 	<p><u>Timing of samples collection</u></p> <p>1. After anaphylaxis:</p> <ul style="list-style-type: none"> • 1st sample within 15 minutes up to 3 hours after the onset of the symptoms • 2nd sample after 24-48 hours to confirm the return to baseline levels • 3rd sample after 1-2 weeks if incidents of mastocytosis or other causes of elevated basal levels are suspected <p>2. For forensic sample, please specify sampling site, time of death and time of sampling.</p> <ul style="list-style-type: none"> • Accurate timing of sampling is important for interpretation. 	14
4	Eosinophil cationic protein (ECP)	Blood	<ul style="list-style-type: none"> • Plain tube • 3 ml • Store at 2 - 8°C 	<p>Indication for ECP:</p> <ul style="list-style-type: none"> • Eosinophilic related disease including eosinophilic esophagitis, eosinophilic gastroenteritis, hypereosinophilic syndrome etc. • Allergic disease including bronchial asthma, atopic eczema, allergic rhinitis, ocular allergy, chronic urticaria etc. 	14

* Private hospital/laboratory are advised to call the Allergy Unit prior to sending sample(s).

* Sample(s) from East Malaysia are suggested to be transported in ice.

* Spin/separate serum from RBC immediately. Grossly haemolysed samples will be rejected.