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

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 diseases:
(Please tick if relevant)

- ☐ Bronchial asthma
- ☐ Allergic rhinitis/ eye disease
- ☐ Eczema
- ☐ Urticaria
- ☐ Anaphylaxis
- ☐ Mast cell disease
- ☐ Food/ Medication Allergy
- ☐ Multi-trigger wheeze
- ☐ Allergic bronchopulmonary aspergillosis
- ☐ Hypereosinophilia syndrome
- ☐ Primary immunodeficiency disorder (PID)

12. Clinical Summary (Please include relevant allergy history):

13. Diagnosis:

14. Test Requested: (Please tick ONLY appropriate test/s required)

No.	Test	
i.	Immunoglobin E *(Tick ONE ONLY)*	☐ **Total IgE** ONLY
		☐ **Total IgE & Specific IgE:** Please specify allergen to be tested: ☐ Aeroallergen:_____ ☐ Food: _____ ☐ Medication:_____ ☐ Others:_____
ii.	Tryptase	☐ **Anaphylaxis** *Onset/Death time:* *Sampling time :* ☐ **Mast cell disorder**
Iii.	Eosinophil Cationic Protein (ECP)	☐ **Allergic diseases** eg. Asthma, eczema, allergic rhinitis, urticaria or immunomodulator treatment monitoring etc. ☐ **Eosinophil associated disorder** eg. Eosinophilic esophagitis/gastroenteritis, hypereosinophilic syndrome etc.

For IMR Allergy Laboratory Use ONLY

15. Specimen Collection Details:

Date:..... Sampling site (forensic case) :

Time:.....

16. Applicant's Name (Signature & Stamp):

IMPORTANT NOTICE: To ensure correct and reliable result given, please fill up the entire form and refer next page for sampling guidance.
****Repeated request for total IgE and specific IgE within 1 month will be rejected.**

Sample Collection Instruction and Guidance

No.	Tests	Specimen Type	Vacutainer	Guidance/Indication	LTAT (Working days)
1	**Immunoglobulin E**	Blood (Serum)	• Plain tube with gel • 3 ml • Store at 2 - 8°C • Minimum volume 150 microlitre/test	**Total IgE** • This test measure Total IgE, which is non-specific and provide gross information • Patients with suspected diseases associated with elevations of total immunoglobulin E (IgE) : including allergic disease, primary immunodeficiencies, autoimmunity, infections, malignancies, or other inflammatory diseases etc. • Diagnostic evaluation/progression in patient with allergic bronchopulmonary aspergillosis • Identifying candidates for biologics eg. omalizumab (anti-IgE) therapy **Specific IgE** • This test measure specific IgE to specific allergens/ components • Testing should be focusing on allergy focus history • Screening without valid history is **not recommended**	10
2	**Tryptase**	Blood (Serum)	• Plain tube with gel • 3 mL • Store at 2 - 8°C • 1 plain tube for each sampling time	*Timing of samples collection* **1. After anaphylaxis:** • 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 **2. For forensic sample,** please specify **sampling site, time of death** and **time of sampling.** ***Accurate timing of sampling is important for interpretation**.	14
3	**Eosinophil cationic protein (ECP)**	Blood (Serum)	• Plain tube with gel • 3 ml • Store at 2 - 8°C	Indication for ECP: • Eosinophilic related diseases including eosinophilic esophagitis, eosinophilic gastroenteritis, hypereosinophilic syndrome etc. • Allergic diseases including bronchial asthma, atopic eczema, allergic rhinitis, ocular allergy, chronic urticaria etc.	30

** 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.*