



REQUEST FOR
IMMUNOLOGICAL INVESTIGATIONS

IM XXXXXX

Patient's Status			
CLASS	DEPT	WARD	BED
<input type="checkbox"/> Subsidized		<input type="checkbox"/> Industrial Accident	
<input type="checkbox"/> Non-subsidized		<input type="checkbox"/> STAT	
<input type="checkbox"/> Non-Resident			

NRIC	Patient's Particulars <small>Affix Label Here</small>
NAME	
ADDRESS	
ACCOUNT NO.	

Clinical Information (To Be Completed By Requesting Doctor)	
Clinical Diagnosis :	Relevant History / Findings / Treatment
Signature and Name of Requesting Doctor	
Handphone No :	Date :
Name of Consultant I/C	

NATURE OF SPECIMEN (Please Tick ✓ Appropriate Box(es) below

Blood CSF Others (Specify) : **Note : One set of forms should be accompanied by a specimen for one request only**

AUTOANTIBODIES		
<input type="checkbox"/> 10030307 Total Serum Complement*	<input type="checkbox"/> 10030004 Anti-Thyroglobulin Antibody	<input type="checkbox"/> 70206086 Anti-Liver Antibodies Profile*
<input type="checkbox"/> 10027303 Anti Nuclear Antibody	<input type="checkbox"/> 10030105 Anti-Thyroid Microsomal Antibody	<input type="checkbox"/> 10031623 Anti-GBM Antibody
<input type="checkbox"/> 10026458 Anti ds DNA Antibody	<input type="checkbox"/> 10031713 Anti-Intrinsic Factor Antibody	<input type="checkbox"/> 10026470 ANCA (IIF)
<input type="checkbox"/> 22003402 Anti Cardiolipin (IgM) Antibody	<input type="checkbox"/> 10029204 Anti-Parietal Cell Antibody	<input type="checkbox"/> 70206073 ANCA EIA Profile*
<input type="checkbox"/> 22003401 Anti Cardiolipin (IgG) Antibody	<input type="checkbox"/> 10029800 Anti-Skeletal Muscle Antibody	<input type="checkbox"/> 10031634 Anti-Islet Cell Antibody
<input type="checkbox"/> 10031735 ENA Screen	<input type="checkbox"/> 10031724 Anti-Gliadin & Endomysium Profile	<input type="checkbox"/> 70206079 Anti-CCP Antibody (Cyclic Citrullinated Peptide)
<input type="checkbox"/> 10031746 ENA Profile*	<input type="checkbox"/> 10029901 Anti-Smooth Muscle Antibody (SMA)	<input type="checkbox"/> 70206075 Anti-Skin Antibody*
		<input type="checkbox"/> 70206091 ASCA Profile*

* See back for details

BACTERIAL PATHOGENS - STD		
<input type="checkbox"/> 10030509 VDRL	<input type="checkbox"/> 10001507 Neisseria gonorrhoeae Culture*	<input type="checkbox"/> 10027707 Chancroid Culture*
<input type="checkbox"/> 10030408 TPPA	<input type="checkbox"/> 70206078 Neisseria gonorrhoeae Culture Confirmation (IF)	<input type="checkbox"/> 10027909 Ureaplasma Species Culture*
<input type="checkbox"/> 70206083 LIA-TP IgM (Serum)	<input type="checkbox"/> 22003007 Chlamydia trachomatis Direct IF (For Chlamydia PCR, call Molecular Lab 6326 6920 For Chlamydia Antibodies, call Virology Lab 6321 4941)	<input type="checkbox"/> 10027909 Mycoplasma hominis Culture* For Mycoplasma PCR, call Molecular Lab 6326 6920 For Mycoplasma antibodies, call Virology Lab 6321 4941)
<input type="checkbox"/> 70206082 LIA-TP IgG (Serum)		
<input type="checkbox"/> 70206081 LIA-TP IgG (CSF)		

* See back for details

ALLERGY TESTS	
<input type="checkbox"/> 70206084 Food Panel*	<input type="checkbox"/> 70206088 Beef
<input type="checkbox"/> 70206085 Respiratory Panel*	<input type="checkbox"/> 70206089 Pork

* See back for details

MISCELLANEOUS SEROLOGY TESTS		
<input type="checkbox"/> 10027202 Amoebic Antibody	<input type="checkbox"/> 10027505 Brucella Antibody	<input type="checkbox"/> 10031612 Toxoplasma Antibody IgM
<input type="checkbox"/> 10031667 Lyme Test IgM (IIF)*	<input type="checkbox"/> 10029002 Legionella Antibody	<input type="checkbox"/> 10031612 Toxoplasma Antibody IgG
<input type="checkbox"/> 10031667 Lyme Test IgG (IIF)*	<input type="checkbox"/> 10031757 Legionella Urinary Antigen	<input type="checkbox"/> 10028809 Urine Pregnancy Screen (HCG)
<input type="checkbox"/> 70206077 Lyme Western Blot IgM*	<input type="checkbox"/> 10029709 Leptospira Antibody IgM	<input type="checkbox"/> 70206080 Helicobacter pylori Stool Antigen
<input type="checkbox"/> 70206076 Lyme Western Blot IgG*	<input type="checkbox"/> 22003108 Aspergillus Antibody	<input type="checkbox"/> 70206087 Clostridium difficile Toxins A&B (Stool)
	<input type="checkbox"/> 70206090 Aspergillus Galactomannan Antigen	

* See back for details

OTHERS	
<input type="checkbox"/> Others (Specify)	

FOR LABORATORY USE

IM XXXXXX