

Lab use only (CIS lab no)

**PATIENT DETAILS:** Please complete ALL sections: **Please provide all of the demographic details below**

Referring site (address for report):	Surname:	NHS number:
	Forename(s):	Hospital number:
	DOB / / M / F	Requesting Consultant:
Name/contact no. for results:	Clinical Details/Diagnosis:	

**SPECIMEN DETAILS:**

Specimen (s) Type:	Date/time specimen(s) taken: / / ( : )
Location sample taken:	Name of person taking specimen(s) Print & sign:

**Tube colour key:**  Red top (clotted blood tube) – no additive,  Purple top EDTA tube,  Plain tube (e.g., 30 ml universal) – no additive

**AUTOANTIBODIES**

- ANA
- dsDNA
- ENA (RNP/Sm/SSA/SSB/Jo1/Scl70)
- Cardiolipin (IgG and IgM)
- B2 Glycoprotein 1 (IgG)
- Cyclic citrullinated peptide
- Rheumatoid factor
- ANCA
- Myeloperoxidase
- Proteinase 3
- Glomerular basement membrane
- Anti-C1q
- Type 1 diabetes abs: select from: (GAD, insulin, IA-2, ZnT8)

**Complement Assays**

- Complement comp C3/C4
- C1 inhibitor level
- C1 inhibitor function (FROZEN)

**AUTOANTIBODIES**

- Mitochondrial
- Smooth muscle
- Liver kidney microsomal
- Intrinsic factor
- Gastric parietal cell
- Tissue transglutaminase
- Endomysial
- Islet cell
- Thyroid microsomal (TPO)
- Adrenal
- Epidermal

**Other tests:**

**IMMUNOCHEMISTRY**

- Immunoglobulins (IgG, A, M)
- Serum protein electrophoresis
- Serum immunofixation
- Serum free light chains
- B2 microglobulin
- Plasma viscosity
- Urine immunofixation (Bence Jones protein)
- IgG subclasses (IgG1,2,3,4)
- IgG subclass 4 (IgG4)
- IgD
- C Reactive protein

**Serum specific IgG**

- Aspergillus fumigatus
- Avian (Budgie/pigeon)
- Candida albicans
- Micropolyspora Faeni

**ALLERGY ASSAYS**

- Total IgE
- Mast cell tryptase
- (Please see the back of this form for detailed information on sample requirements)
- Specific IgE**
- (Please detail below)

**Specific allergens:**

**NEUROIMMUNOLOGY**

**Please note: We will not process samples from CJD/?CJD patients. P.T.O. for details of where to send these samples.**

**Peripheral neuropathies (e.g. Guillain-Barre/Miller-Fisher syndrome)**

- Gangliosides: GM1, GM2, GD1a, GD1b, GQ1b abs

**Paraneoplastic disorders**

- PCA (Hu), ANNA1 (Yo) ANNA2 (Ri), Ma2, CV2/CRMP5, Amphiphysin, GAD65, Zic4, Tr (DNER), Sox1 abs
- Paraproteinaemic neuropathies: MAG abs

**Stiff Person Syndrome**

- Glutamic acid decarboxylase abs

**Autoimmune encephalitis screen**

- NMDAR, AMPA1/2, DPPX, LGI1, CASPr2 & GABAB1/2r abs

**Neuromyelitis Optica Spectrum Disorder (NMOSD)**

- Aquaporin abs
- MOG abs

**Neurochemistry**

- Oligoclonal IgG bands (CSF and serum required)

Please provide CSF protein result if available: .....g/L

- Tau Protein

**CELL MARKER STUDIES**

- T cell subsets (CD3/4/8)
- Lymphocyte subsets (CD3/4/8/19/16/56)
- B cell subsets (CD21/27/38/19/45/IgM/IgD)
- ALPS panel (CD4/8/3/45/45RA/TCRa/b)
- HTLV1/T-cell activation panel (CD4/25+,4/DR+,8/\*25+,8/DR+)

**FOR ALL IMMUNOPHENOTYPING REQUESTS FOR HAEMATOLOGICAL DISORDERS / MALIGNANCY PLEASE USE THE MIRHO REQUEST FORM**

All samples to be delivered to:

Clinical Immunology Service  
University of Birmingham Medical School  
Vincent Drive  
Edgbaston  
B15 2TT

**All URGENT samples MUST be discussed with the laboratory, by telephone, before sending.**

### Sample Requirements

- Samples **must** be labelled with full name, hospital/NHS number and/or D.O.B/other unique identifier.
- Request forms **must** also include date/time sample taken, gender, destination for report, name of requesting clinician, phlebotomists name and signature.
- The colour of the box adjacent to the test indicates the colour of the vacutainer / universal container top.

### Neuroimmunology sample requirements

- CSF - 1mL in plain tube (screw top if possible). Min volume 250µL.
- Please provide CSF protein result if available.
- Oligoclonal banding - a blood/serum sample must be sent with the CSF to determine intrathecal IgG synthesis.
- Tau protein - CSF suspected fluid (ideal volume 250µL, but not less than 50µL).
- If the patient is known or ?CJD, please send samples directly to:  
Neuroimmunology & CSF Laboratory, (Box 76), 9th floor  
UCL Queen Square Institute of Neurology  
Queen Square  
London WC1N 3BG

### Mast cell tryptase requests

- If anaphylaxis is suspected, take timed red top blood samples for mast cell tryptase testing.
- Send a sample as soon as possible after emergency treatment has started. Send a second sample ideally within 1 - 2 hours (but no later than 4 hours) from the onset of symptoms and a third samples at >24 hours after onset of symptoms.
- Please ensure that the time the samples are taken is clearly indicated on the request form and the samples.

### Sending samples out of hours

- Outside of normal working hours (Monday – Friday, 08:30 – 17:30) drop off sample at Medical School Reception. There is a sample delivery box which the security staff will be able to point out to delivery drivers.
- Please only send samples that can be stored at room temperature if sending out of hours.