

IMMUNOLOGY REQUEST FORM

Name: Sex: ☐ Male ☐ Female
 PID No: Age:
 I/C No: Race:
 Date of specimen: Time of specimen:
 Ward/Clinic: Hospital:
 Type of sample:
 DIAGNOSIS:

For Laboratory Use Only

Master Lab No:
 Section Lab No:
 Date/Time Received:

RELEVANT HISTORY (Please provide family tree and indicate consanguinity, if applicable):

Please tick (✓) :

SPECIFIC IgE TEST

- | | |
|--|--|
| ☐ d1 (Dermatophagoides pteronyssinus) | ☐ F27 (Beef), <i>Bos spp</i> |
| ☐ d2 (Dermatophagoides farinae) | ☐ F41 (Salmon), <i>Salmo salar</i> |
| ☐ d201 (Blomia tropicalis) | ☐ F58 (Pacific Squid), <i>Todarodes pacificus</i> |
| ☐ E1 (Cat Dander) | ☐ F75 (Egg Yolk) |
| ☐ E215 (Pigeon Feathers) | ☐ F83 (Chicken Meat), <i>Gallus spp</i> |
| ☐ F1 (Egg White) | ☐ F93 (Cacao), <i>Theobroma cacao</i> |
| ☐ F2 (Milk) | ☐ F207 (Clam), <i>Ruditapes spp.</i> |
| ☐ F3 (COD Fish), <i>Gadus morhua</i> | ☐ F300 (Goat Milk) |
| ☐ F4 (Wheat), <i>Triticum aestivum</i> | ☐ F313 (Anchovy), <i>Engraulis encrasicolus</i> |
| ☐ F9 (Rice), <i>Oryza sativa</i> | ☐ GX2 (Mix Grass Pollen) |
| ☐ F13 (Peanut), <i>Arachis hypogaea</i> | ☐ i6 (Cockroach), <i>Blattella germanica</i> |
| ☐ F14 (Soya Bean), <i>Glycine max</i> | ☐ K82 (Latex), <i>Hevea brasiliensis</i> |
| ☐ F23 (Crab), <i>Chionoecetes spp.</i> | ☐ MX2 (Mix Fungi) |
| ☐ F24 (Shrimp) | |

SPECIFIC ANTIBODY RESPONSE TEST

- ☐ Tetanus Vaccination
☐ Pneumovax Vaccination

IMMUNOGLOBULIN E TEST

- ☐ Total Immunoglobulin E

OTHER TEST

NAME OF REQUESTING DOCTOR:

DATE:

SIGNATURE AND STAMP: