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**Autoantibodies**
- ANA (Anti-nuclear antibody)
- dsDNA (Crithidia and/or ELISA)
- ENA (RNP/Sm/SSA/SSB/Jo-1/Scl70)
- Myositis screen
- Cardiolipin (IgG and IgM)
- B2 Glycoprotein 1 (IgG)
- Cyclic citrullinated peptide
- ANCA
- Myeloperoxidase
- Proteinase 3
- Glomerular basement membrane
- PLA2r

**Complement assays**
- Complement components C3/C4
- C1 Inhibitor level
- Anti-C1q
- Other complement assays - please phone

**KEY - Blood tubes to use**

- Red top tube - clotted sample
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**Autoantibodies**
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**Other tests (phone lab):**

- IFN-γ, TNF-α, IL-6, VEGF
- IFN-g, TNF-a, IL-6, VEGF
- IFN-g, TNF-a, IL-6, VEGF

**Immunodeficiency**
- Specific antibodies to:
  - Tetanus, HiB, Pneumococcal and Men C
  - IgG subclasses, IgG1,2,3,4
  - IgG Subclass, IgG4

**Immune immunophenotyping**
- T cell subsets (CD3/4/8)
- Lymphocyte subsets (CD3/4/8/19/16/56)
- Euroclass panel
- ALPS panel

**Lymphocyte/Neutrophil Studies**
- Quantiferon #
- TSpotTB #
- Lymphocyte proliferation (phone lab)
- Neutrophil function (phone lab)
- Cytokines (please circle below) #
- Aspergillus fumigatus
- Avian (Budgie/pigeon)
- Candida albicans
- Micropolyspora Faeni

**Other tests (phone lab):**

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**Immunology**

- Total IgE
- Mast cell tryptase #
- Serum specific IgE
- Bee/Wasp venom
- Aero allergen (specify below)
- Food allergen (specify below)
- Penicillin allergens

**Specify allergen(s):**
HOW TO COMPLETE THIS FORM

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 TOP.

URGENT TESTS - PLEASE CALL THE LAB TO ARRANGE.

THE FOLLOWING COLLECTION REQUIREMENTS SHOULD BE NOTED:

**Cryoglobulins**
Whole blood must be taken into a warm red top tube and collected by the laboratory whilst being maintained at not less than 37°C (and up to 40°C). For UHB requests the laboratory will deliver a pre-warmed container with electronic temperature tracking probe and phlebotomy equipment and provide advice on sampling – contact lab prior to performing this test to arrange collection.

**Mast cell tryptase**
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.

**Quantiferon**
Blood can be accepted Monday - Thursday ONLY. Blood MUST be received by 2pm on the same day of venepuncture. Two green top, lithium heparin samples are required for the assay.

**TSpotTB**
Performed on Tuesdays ONLY. Blood MUST be received by 2pm on the same day of venepuncture. Two green top, lithium heparin samples are required for the assay.

**Cytokines**
Allow blood 45 minutes to clot, centrifuge sample at 3000 rpm for 10 minutes, aliquot serum and freeze at -80°C until ready to send, on dry ice, via courier. Available cytokines include: IFN-g, TNF-a, IL-6 & VEGF. Other cytokines may be available on request.

N.B. For Haemoto-oncology immunophenotyping please use a MIRHO form, and for neuroimmunology assays please use a neuroimmunology form.

REQ.G.1.3