

Clinical Diagnosis (Please fill up)

TAN TOCK SENG HOSPITAL
CLINICAL IMMUNOLOGY LABORATORY
Tel: 6357 8464 Fax: 6357 8463
Email: cil_enquiry@ttsh.com.sg

Relavant History/ Findings/ Treatment

IMMUNOLOGY FORM

NRIC

NAME

SEX/RACE

DOB

Name and Signature of requesting Doctor

Collection Date: _____ ime: _____ am/pm

CONNECTIVE TISSUE DISEASE AND APS MARKERS

- | | |
|---|---|
| <input type="checkbox"/> Anti-Nuclear antibody (ANA) | <input type="checkbox"/> Anti-Ro (SSA) |
| <input type="checkbox"/> Anti-dsDNA antibody | <input type="checkbox"/> Anti-La (SSB) |
| <input type="checkbox"/> Anti-Cardiolipin antibody IgG (ACA IgG) | <input type="checkbox"/> Anti-Smith (Sm) |
| <input type="checkbox"/> Anti-Cardiolipin antibody IgM (ACA IgM) | <input type="checkbox"/> Anti-RNP |
| <input type="checkbox"/> Anti-β ₂ Glycoprotein 1 antibody IgG | <input type="checkbox"/> Anti-Scl 70 |
| <input type="checkbox"/> Anti-HMGCR antibody | <input type="checkbox"/> Anti-Jo 1 |
| <input type="checkbox"/> Myositis 18 Ag Panel (MYOS)
<small>(Mi-2α, Mi-2β, TIF1γ, MDA5, NXP2, SAE1, Ku, Ro-52, PM-Scl100, PM-Scl75, Jo-1, SRP, PL-7, PL-12, EJ, OJ, HMGCR, cN1A)</small> | <input type="checkbox"/> Systemic Sclerosis Panel
<small>(Scl-70, CENP A, CENP B, RP11, RP155, Fibrillarin, NOR90, Th/To, PM-Scl100, PM-Scl75, Ku, PDGFR, Ro-52)</small> |

ARTHRITIS MARKERS

- | | |
|--|---|
| <input type="checkbox"/> Rheumatoid Factor IgM | <input type="checkbox"/> Anti-Cyclic Citrunillated Peptide antibody (CCP) |
|--|---|

SYPHILIS SEROLOGY

- | | | | |
|------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> RPR | <input type="checkbox"/> TPPA (Serum) | <input type="checkbox"/> Syphilis IgG | <input type="checkbox"/> VDRL (CSF) |
|------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|

ORGAN SPECIFIC AUTOIMMUNITY

- | | |
|---|---|
| <input type="checkbox"/> TSH Receptor Antibody (TRAB) | <input type="checkbox"/> Anti-Parietal cell antibody |
| <input type="checkbox"/> Anti-Thyroglobulin antibody | <input type="checkbox"/> Anti-Intrinsic factor antibody |
| <input type="checkbox"/> Anti-Thyroid Peroxidase antibody (TPO) | <input type="checkbox"/> Anti-Skeletal muscle antibody (SKA) |
| <input type="checkbox"/> Anti-Smooth muscle antibody (SMA) | <input type="checkbox"/> Anti-Gliadin Peptide IgA |
| <input type="checkbox"/> Anti-Mitochondrial antibody (AMA) | <input type="checkbox"/> Anti-Gliadin Peptide IgG |
| <input type="checkbox"/> Anti-Liver Kidney Microsomes antibody (LKM) | <input type="checkbox"/> Anti-Tissue Transglutaminase IgA |
| <input type="checkbox"/> Glutamic Acid Decarboxylase Autoantibody (GAD) | <input type="checkbox"/> Anti-Tissue Transglutaminase IgG |
| <input type="checkbox"/> Anti-Islet cell antibody | <input type="checkbox"/> Anti-Endomysial IgA |
| <input type="checkbox"/> Anti-Glomerular Basement Membrane antibody (GBM) | <input type="checkbox"/> Anti-Phospholipase A2 Receptor (PLA2R) |

VASCULITIS MARKERS

- | | |
|--|--|
| <input type="checkbox"/> Anti-Neutrophil Cytoplasmic antibody (ANCA) | <input type="checkbox"/> Anti-Proteinase 3 (PR3) |
| <input type="checkbox"/> Anti-Myeloperoxidase (MPO) | |

GENOTYPING

- | | |
|--|---|
| <input type="checkbox"/> HLA B27 (One Blue-top tube) | <input type="checkbox"/> HLA B57:01 (One Blue-top tube)
<small>(Abacavir Hypersensitivity)</small> |
|--|---|

MISCELLANEOUS

- | | |
|--|---|
| <input type="checkbox"/> Calprotectin, Stool | <input type="checkbox"/> Kappa Lambda Ratio (IFLCS) |
| <input type="checkbox"/> IgG Subclasses 1-4 | <input type="checkbox"/> Ceruloplasmin (CAER) |
| <input type="checkbox"/> IgG Subclass 4 | |