



Newcastle Hospitals Flow Cytometry Laboratory

Immunology Request Form

Patient Demographics:									<u>Lab Use ONLY</u>			
Affix patient label or	com	plete details be	elow:									
NHS No:												
Hospital No:								ı				
Surname:								ı				
Forename:												
DOB:		Gender:				ı						
Referring Hospit	tal Ir	nformation										
Hospital Name and Address:			Department					Requester Name:				
Post Code:			Telephone Number:					Email Address:				
Date and Time of Sample: Referrin							ng Hospital Lab Number:					
Clinical Details							Normal Control Sample Requirements					
Indication for testing:										uesting clinician must arrange for a control sample fivolunteer to arrive at the same time as the patient's		
Post-HSCT		Date of Transplant:			Lymphocyte Count:	x10	O ⁹ /L		Control	samples must be labelled as 'normal control'.		
					'		Tick if required			Sample Requirements		
Lymphocyte Si	ubset	<u> </u>										
Naïve T-Cells Class Switch Memory B– cells												
Double nega												
T regulatory												
Bruton's tyrosine kinase (BTK) Assay								Whole blood-EDTA Minimum volume 0.5mL				
CD40								Whole blood-EDTA Minimum volume 4ml adult, 0.5mL paediatric				
CD40 Ligand								Whole blood in preservative free heparin Patient (5mL) + normal control (5mL)				
Chronic Granulomatous Disease (CGD) Protein Assay												
gp91 p47				Whole blood-EDTA Minimum volume 4ml adult, 2mL paediatric								
p67												
p22								_				
Haemophagoo Perforin/Gra	osis (HLH) Pro	teins		Whole blood-EDTA + normal control								
		X-linked inhibit	XIAP) [males only]		Minimum volume 4ml							
FOXP3 express					- 1		od in preservative free heparin Patient rmal control (5mL)					
Leucocyte Adhesion Molecules							□ Whole block Minimum v			od-EDTA volume 4ml adult, 0.5mL paediatric		
T Cell Proliferations						Whole h		hole blo	od in preservative free heparin Patient			
PHA only Extended										ormal control (10mL)		
	nction	Testing						+				
Neutrophil Function Testing Neutrophil Respiratory Burst/DHR							Minimum volume 0 5ml (Burst/DF			od-EDTA + normal control volume 0.5mL(Burst/DHR) 1mL (TLR Assay)		
Toll-like rece	(TLR) Assay (CD						orometonos, ormy time (rem hosay)					
NK-Cell Granule Release Assay Contact laboratory prior to taking samples if assay required								Whole blood-EDTA + normal control Minimum volume 4ml				
TCR Vβ repertoire								Whole blood-EDTA Minimum volume 1mL				

For further test information please visit https://www.newcastlelaboratories.com/ or contact the flow cytometry laboratory on 0191 282 5078 or nuth.flowcytometrylab@nhs.net