



**KK Women's and
Children's Hospital**
SingHealth

IMMUNOLOGY TESTS

Patient's Name Label

(For Downtime Use)

Name:

MRN:

Account Number:

Date of Birth:

Sex: M / F (Circle One)

Ward/Bed: _____ Clinic: _____ Class: _____

Patient Type	<input type="checkbox"/> Gynae	<input type="checkbox"/> Obst	<input type="checkbox"/> Neo	Relevant History/Findings/Treatment/Previous Tests
	<input type="checkbox"/> Paed Medicine	<input type="checkbox"/> Paed Surgery		
Clinical Diagnosis				
Name & Signature of Requesting Doctor				
Pager / Contact No (indicate if urgent)				Date & Time Specimen Taken
Name of Consultant I/C				
Date				
				Date _____ Time _____ am / pm

Please (tick) appropriate boxes below

Service Code:	(Tick)	Immunology Tests:	Remarks:
IM0012	<input type="checkbox"/>	ANA Screen	
IM0038	<input type="checkbox"/>	Anti Cardiolipin IgG Antibody	
IM0038	<input type="checkbox"/>	Anti Cardiolipin IgM Antibody	
IM0007	<input type="checkbox"/>	Anti Double-stranded DNA Antibody	
IM0048	<input type="checkbox"/>	Anti Glomerular Basement Membrane Antibody	
IM0047	<input type="checkbox"/>	Anti Islet Cell Antibody	
IM0179	<input type="checkbox"/>	Anti liver antibodies profile	
IM0046	<input type="checkbox"/>	Anti Neutrophil Cytoplasmic Antibody (IIF)	
IM0110	<input type="checkbox"/>	Anti Parietal Cell Antibody	
IM0142	<input type="checkbox"/>	Anti Skeletal Muscle Antibody	
IM0143	<input type="checkbox"/>	Anti Smooth Muscle Antibody	
IM0150	<input type="checkbox"/>	Anti Thyroglobulin Antibody (semi-quantitative)	
IM0151	<input type="checkbox"/>	Anti Thyroid Microsomal Antibody (semi-quantitative)	
BC0015	<input type="checkbox"/>	C3 Complement, fluid	
BC0084	<input type="checkbox"/>	C3 Complement, serum	
BC0017	<input type="checkbox"/>	C4 Complement, fluid	
BC0085	<input type="checkbox"/>	C4 Complement, serum	
IM0042	<input type="checkbox"/>	ENA Profile	
IM0041	<input type="checkbox"/>	ENA Screen	
IM0130	<input type="checkbox"/>	Rheumatoid Factor, serum	
IM0156	<input type="checkbox"/>	Toxoplasma IgG	
IM0155	<input type="checkbox"/>	Toxoplasma IgM	
IM0153	<input type="checkbox"/>	Total Serum Complement (CAE)	Specimen is time sensitive. To reach SGH within 12hrs of collection

Others: pls specify _____