AMPATH LABORATORIES

PRO5200052004311

DRS DU BUISSON, KRAMER, SWART, BOUWER INC.

REFERRING DOCTOR

COPY DOCTOR

PLACE BARCODE HERE

CLINICAL DIAGNOSIS/ MEDICATION

ICD-10 CODES

MEDICAL AID | PLAN

MEDICAL AID NO. | DEP. CODE

MEDICAL AID AUTH. | STAT | ROUTINE

PATIENT DETAILS

ID NUMBER

SURNAME | TITLE

INITIALS & FIRST NAME | AGE

DATE OF BIRTH D D M M Y Y Y Y | SEX ASSIGNED AT BIRTH M F

HOSPITAL/ FOLIO NO.

CELL | (H)

(W)

EMAIL

PERSON RESPONSIBLE FOR ACCOUNT (GUARANTOR)

GUARANTOR ID NUMBER

SURNAME

INITIALS & FIRST NAME | TITLE

POSTAL ADDRESS | POSTAL CODE

CELL | (H)

(W)

EMAIL

PATIENT/GUARDIAN SIGNATURES:
I confirm acceptance of the informed consent available at ampath.co.za. I verify that all personal information is correct. Y N

GUARANTOR'S SIGNATURE:
I consent to the requested tests and guarantee payment thereof. I consent that ICD10 codes may be provided to my medical aid as per statutory requirements on my account. Y N

PHLEBOTOMY SITE | COLL. DATE D D M M Y Y Y Y | COLL. TIME | COLL. BY

FASTING Y N | PREGNANT Y N | THYROID MEDICATION Y N | ON ANTI COAGULANT Y N

REC. DATE D D M M Y Y Y Y | REC. TIME | REC. BY

HOSPITAL PATIENT Y N

NO OF TUBES DRAWN | S01 | S02 | E01 | E02 | HEP | CIT | FLU | MICRO / OTHER | (ST) - Stool, (U) - Urine, (VS) - Vaginal swab | TEST COUNT

IMMUNODEFICIENCY REQUEST FORM

NEWBORN SCREENING

‡ TRECPCR	☐	TREC/KREC Screen	●

ANTIBODY (HUMORAL DEFECTS)

FBC	☐	FBC + Platelets	●
IMM	☐	Immunoglobulins A+M+G	●
IGE	☐	Total IgE	●
SUBG	☐	IgG subclasses	●
† IMMDEF	☐	Immunophenotype (Lymphocyte subsets, includes B-cells, T-cells and natural killer cells)	●
≈ BCELLS	☐	B cell phenotyping including memory B cells	●
≈ BTK	☐	Bruton's tyrosine kinase (flow cytometry)	●
◊ CD40L	☐	CD 40 Ligand (flow cytometry)	●
Vaccine responses			
SPECAB	☐	Specific antibodies (includes pneumococcal, H. influenzae, tetanus and diphtheria Ab)	●
PNEUMO	☐	Pneumococcal antibodies	●
HINF	☐	H. influenzae antibodies	●
TET	☐	Tetanus antibodies	●
DIP	☐	Diphtheria antibodies	●

T-CELL DEFECTS

FBC	☐	FBC + Platelets	●
† IMMDEF	☐	Immunophenotype (Lymphocyte subsets, includes B-cells, T-cells and natural killer cells)	●
† NAIVE	☐	Naive and Memory T-cells	●
≈ TCELLR	☐	Alpha Beta/Gamma Delta T-cells	●
◊ FOXP3	☐	T-regulatory cells	●
◊ TH17	☐	T-helper 17 cells	●
◊ THELPER	☐	Helper T cells	●
DIVFL	☐	Alpha Beta Double negative T-cells	●
Lymphocyte proliferation tests (LPT)			
o LPT to mitogens (max 6 tubes per patient)			
PHAPR	☐	PHA	● ● ● ●
PMAPR	☐	PMA	● ● ● ●
PMAIPR	☐	PMA + Ionomycin	● ● ● ●
CD3PR	☐	Anti CD3	● ● ● ●
IL2PR	☐	Anti CD3 + IL-2	● ● ● ●
CONPR	☐	CON A	● ● ● ●
PWMPR	☐	PWM	● ● ● ●
o LPT to recall antigens			
VZVPR	☐	Varicella zoster	● ● ● ●
CANPR	☐	Candida	● ● ● ●
TETAPR	☐	Tetanus	● ● ● ●

NATURAL KILLER DEFECTS

† IMMDEF	☐	Immunophenotype (Lymphocyte subsets, includes B-cells, T-cells and natural killer cells)	●
❖ NKCYTO	☐	NK cytotoxic function	● ●

NEUTROPHIL DEFECTS

◊ NEUTF	☐	Neutrophil functions (includes neutrophil oxidative burst, neutrophil and monocyte phagocytosis)	●
◊ BURST	☐	Neutrophil oxidative burst	●
◊ PHAGO	☐	Neutrophil phagocytosis	●
◊ LAD	☐	Leukocyte adhesion studies (CD11 and CD18)	●
NAA	☐	Neutrophil-associated antibodies	●

COMPLEMENT AND MANNAN BINDING LECTIN

* HCOMP	☐	Classic and alternative complement pathways	●
* MBL	☐	Mannan binding lectin (MBL)	●
C3	☐	Complement C3	●
C4	☐	Complement C4	●
C1E	☐	C1 esterase inhibitor	●
CIC	☐	C1q antibodies	●

OTHER TESTS

CD19CD20	☐	Rituximab monitoring	●
AFP	☐	Alpha-fetoprotein	●
NKCYTO	☐	HLH screen (perforin, CD107a)	● ●
SIL2R	☐	Soluble CD25 (sIL-2R)	●

GENETIC TESTING

⦸ NGCF	☐	Primary immunodeficiency/Inborn errors of immunity (IEI) panel	●
BTKNGS	☐	BTK gene sequencing	●
GFISH	☐	DiGeorge (22q11.2 deletion) syndrome FISH	●
CFSEQ	☐	Cystic fibrosis (CFTR) gene sequencing	●
PRIMCIL	☐	Primary ciliary dyskinesia (PCD) gene	●
ACGHGENO	☐	Chromosomal microarray (developmental delay)	●
ESONGS	☐	Chronic granulomatous disease genetic panel	●
⦸ NGCF	☐	Hyper-IgE syndrome genetic panel	●
ELANGS	☐	Congenital neutropenia	●
ESONGS	☐	Wiskott Aldrige WASP gene sequencing	●
ATMNGS	☐	Ataxia Telangiectasia ATM gene sequencing	●
ESONGS	☐	Single gene NGS, specify: _____	●
DNAMUT	☐	Known familial variant, specify: _____	●
HLATYPE	☐	HLA-typing high resolution	●

SECONDARY IMMUNODEFICIENCY/ IMMUNE DYSREGULATION TESTS

HIV	☐	HIV ELISA (Ab+p24) (S02 tube)	●
CLSWT	☐	Chloride sweat test	#
FELAS	☐	Faecal elastase	(ST)
ANAP	☐	ANA, anti-dsDNA, ENA/CTD screen (with breakdown if positive)	●
FEP	☐	Iron studies	●
B12	☐	Vitamin B12	●
VITD	☐	Vitamin D 25-OH (D2+D3)	●
GLF	☐	Glucose (fasting)	●
UE	☐	U&E + creatinine	●
TPU	☐	Total protein urine & ratio (random)	(U)
A1TFR	☐	Faecal alpha 1 antitrypsin	(ST)
LDH	☐	LDH	●
LF	☐	Liver functions w/o Prot Elec.	●
PROTELEC	☐	Protein Electrophoresis	●
IFE	☐	Immunofixation serum	●
BJ	☐	Immunofixation urine (Bence-Jones)	(U)
IMMDEFBAL	☐	Sputum/bronchoalveolar lavage fluid CD4/CD8 ratio	

DIFFRESP	☐	Respiratory fluid neutrophil and eosinophil count
FENO	☐	FeNO

SPECIAL INSTRUCTIONS

Collect sweat sample. Sweat chloride concentration test at selected Care Centres. Please enquire.

* SST tube. Directly after SST tube is drawn, the tubes must be put on COLD ice pack (NOT FROZEN) to clot. Separate and SEND ON ICE.

‡ EDTA (EO2) tube/blood spot. Not maternal or cord blood.

† EDTA (EO2) tube ≤48hrs old. Samples drawn SUNDAYS to THURSDAYS.

◊ Heparin tube ≤24hrs old. Samples drawn SUNDAYS to THURSDAYS. A normal adult control specimen must be sent with each patient clearly marked "control". DO NOT CENTRIFUGE.

o 4 full Citrate tubes (adults), 2 full Citrate tubes (child/baby) ≤24hrs old. Samples drawn SUNDAYS to THURSDAYS. DO NOT CENTRIFUGE.

⦸ Genetic tests require clinical information. This is a sendaway test to an international laboratory. There is a courier fee payable to Ampath as well as payment for the genetic test to be made directly to the international laboratory. A consent form is required. For more information, contact the Ampath Genetics Laboratory on 012 678 0645 or geneticsclinic@ampath.co.za.

❖ 1 Heparin and 1 EDTA tube for patient and a control, ≤24hrs old. Samples drawn SUNDAYS to THURSDAYS. DO NOT CENTRIFUGE.

≈ EDTA (EO2) tube ≤24hrs old. Samples drawn SUNDAYS to THURSDAYS. A normal adult control specimen must be sent with each patient clearly marked "control". DO NOT CENTRIFUGE.

OTHER TESTS

Item Code: 028437

Updated 28 August 2025

OUR STANDARD PRICE LIST IS AVAILABLE AT ANY CARE CENTRE