Clinical Directorate of Laboratory Medicine, Beaumont Hospital

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Immunology Department Specific IgE Request Form

(Please attach to Beaumont GP request form if sending in with blood samples)

*Essential criteria	
Episode number (if available)*:	Date ordered*:
Surname*:	Date* &Time taken:
First name*:	Specimen type: Serum
Patient address*:	Beaumont Specimen reception / Phlebotomy department use Date & Time specimen received:
	Lab no:
	THIS FORM MUST ACCOMPANY SPECIMEN TO IMMUNOLOGY
DOB*: Gender*:	LABORATORY
Requesting Doctor/ Consultant*: Doctor's address (for reports)*:	Doctor's contact/ bleep*:
boctor's address (for reports).	
Allergene available for direct ordering	
Allergens available for direct ordering:	
□House dust mite □Ca	5
□Grass pollens	□ Tree pollens
(All fields to be completed for sample to be processed) Clinical details of reaction, including timing relationship between onset & exposure to potential trigger(s): Urticaria ? _Yes _ No _ Unknown Angioedema? _Yes _ No _ Unknown Rhinoconjunctivitis? _Yes _ No _ Unknown Bronchospasm? _Yes _ No _ Unknown	
Rhinoconjunctivitis? □Yes □ No □ Unknown Hypotension? □Yes □ No □ Unknown	Bronchospasm? □Yes □ No □ Unknown
Number of acute episodes: $\Box 1$ $\Box 2-10$	□ >10 □ Too many to count
Any unusual exposure in the 1 – 2 hours, preceding the episode(s)?	
Exposures common to the episodes, not otherwise tolerated by patient:	
Immunology Department use only	
□Specific IgE not indicated □Specific IgE not available □Requires further discussion □Form incomplete – request required detail(s)	□Specific IgE(s) ordered:
Date form reviewed:	Reviewed by: