



# Laboratory Request Form (สำหรับผู้ป่วยบริการภายนอก)

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IMMUNOLOGY

Name..... Sex  M  F Age.....yrs. Clinic/Ward.....

HIS Lab No.

HN..... AN..... Requested by / Code..... Diagnosis.....

MI.....

SPECIMEN : Must be filled in completely : Collection Date ..... Time ..... By ..... Antiviral treatment  Yes (ระบุ)..... No

Blood  Clotted  EDTA  Heparin  Citrate  Serum Urine  Random Urine  Urine 24 Hrs Body fluid (ระบุ) .....

รายการตรวจ	HIV Serology	Immunoglobulin	
<input type="checkbox"/> EMI106 Anti HBc (ด่วน)	<input type="checkbox"/> EMI034 Anti HIV	<input type="checkbox"/> EMI001 IgG	
<input type="checkbox"/> EMI105 Anti HBs (ด่วน)	<b>Hepatitis B virus Serology</b>		
<input type="checkbox"/> EMI109 Anti HCV (ด่วน)	<input type="checkbox"/> EMI037 HBe Ag	<input type="checkbox"/> EMI002 IgM	
<input type="checkbox"/> EMI035 Anti HIV (ด่วน)	<input type="checkbox"/> EMI038 HBs Ag	<input type="checkbox"/> EMI003 IgA	
<input type="checkbox"/> EMI104 HBs Ag (ด่วน)	<input type="checkbox"/> EMI039 Anti HBc	<input type="checkbox"/> EMI004 Total IgE	
<input type="checkbox"/> EMI161 Treponemal Ab (ด่วน)	<input type="checkbox"/> EMI040 Anti HBs	<input type="checkbox"/> EMI006 IgG 1	
<b>Syphilis Serology</b>			
<input type="checkbox"/> EMI046 VDRL/RPR	<input type="checkbox"/> EMI041 Anti HBe	<input type="checkbox"/> EMI007 IgG 2	
<input type="checkbox"/> EMI047 TPHA(TP-PA)	<input type="checkbox"/> EMI042 Anti HBc IgM	<input type="checkbox"/> EMI008 IgG 3	
<input type="checkbox"/> EMI049 FTA-ABS:IgG	<input type="checkbox"/> EMI151 HBs Ag quantitative	<input type="checkbox"/> EMI009 IgG 4	
<input type="checkbox"/> EMI050 FTA-ABS:IgM	<b>Hepatitis C virus Serology</b>		
<input type="checkbox"/> EMI048 FTA (CSF)	<input type="checkbox"/> EMI045 Anti HCV <input type="checkbox"/> EMI215 HCV Ag	<input type="checkbox"/> EMI235 Free light (FLC) Kappa/Lambda	
<input type="checkbox"/> EMI160 Treponemal Ab	<b>Hepatitis A virus Serology</b>		
<b>Tumor Marker</b>			
<input type="checkbox"/> EMI016 Alpha-fetoprotein	<input type="checkbox"/> EMI043 Anti HAV IgM	<input type="checkbox"/> EMI011 Serum Protein Electrophoresis	
<input type="checkbox"/> EMI017 $\beta$ 2-microglobulin	<input type="checkbox"/> EMI044 Anti HAV (Total Ig)	<input type="checkbox"/> EMI131 Serum Immunofixation	
<input type="checkbox"/> EMI015 CA19-9 <input type="checkbox"/> EMI208 PIVKA-II	<b>Hepatitis E virus Serology</b>		
<input type="checkbox"/> EMI213 CA72-4 <input type="checkbox"/> EMI214 CA72-4/CEA	<input type="checkbox"/> EMI163 Anti HEV IgG	<input type="checkbox"/> EMI158 Serum Immunotyping Electrophoresis	
<input type="checkbox"/> EMI178 Amniotic AFP	<input type="checkbox"/> EMI164 Anti HEV IgM	<input type="checkbox"/> EMI204 Urine Protein Electrophoresis	
<b>Complement</b>			
<input type="checkbox"/> EMI013 C3 *** <input type="checkbox"/> EMI012 CH50 ***	<b>Acute phase protein</b>		
<input type="checkbox"/> EMI014 C4 *** <input type="checkbox"/> EMI227 C1 inhibitor	<input type="checkbox"/> EMI051 CRP <input type="checkbox"/> EMI062 Cryoglobulin*	<input type="checkbox"/> EMI112 B cell count (CD19)	
<b>Autoantibody</b>			
<input type="checkbox"/> EMI019 Anti-ds DNA (EIA)	<input type="checkbox"/> EMI110 CRP (High sensitivity)	<input type="checkbox"/> EMI111 NK cell count (CD56)	
<input type="checkbox"/> EMI209 Anti-ds DNA (IF)	<b>Specific HLA</b>		
<input type="checkbox"/> EMI021 Anti RNP <input type="checkbox"/> EMI022 Anti Sm	<input type="checkbox"/> EMI149 HLA-B*1502 <input type="checkbox"/> EMI091 HLA-B27	<b>รายการทดสอบที่ต้องติดต่อล่วงหน้า</b>	
<input type="checkbox"/> EMI023 Anti SS-A <input type="checkbox"/> EMI024 Anti SS-B	<input type="checkbox"/> EMI144 HLA-B*5701 <input type="checkbox"/> EMI162 HLA-B51	<input type="checkbox"/> EMI066 PHA stimulation	
<input type="checkbox"/> EMI026 Rheumatoid factor	<input type="checkbox"/> EMI145 HLA-B*5801	<input type="checkbox"/> EMI137 DHR assay	
<input type="checkbox"/> EMI027 Antithyroglobulin	<b>Allergy</b>		
<input type="checkbox"/> EMI028 Antithyroid peroxidase	<input type="checkbox"/> EMI130 Tryptase	<input type="checkbox"/> EMI200 B cell subpopulation test	
<input type="checkbox"/> EMI0202 Thyroglobulin	<b>Specific IgE to (FEIA)</b>		
<input type="checkbox"/> EMI203 TG Wash	<input type="checkbox"/> EMI154 Amoxilloyl (c6)	[Transitional B-cell, Plasmablast, Naïve Mature B cells, Natural effector cells, CD27+ Memory B cells]	
<input type="checkbox"/> EMI029 Anticardiolipin : IgG	<input type="checkbox"/> EMI155 Penicilloyl G (c1)	<input type="checkbox"/> EMI201 T cell subpopulation test	
<input type="checkbox"/> EMI030 Anticardiolipin : IgM	<input type="checkbox"/> EMI120 House dust mite (d1-Dp)	[Naïve T cells, Memory T cells, Effector T cells]	
<input type="checkbox"/> EMI031 Anticardiolipin : IgA	<input type="checkbox"/> EMI121 House dust mite (d2-Df)		
<input type="checkbox"/> EMI032 Antimitochondria Ab	<input type="checkbox"/> EMI122 Cat epithelium and dander (e1)		
<input type="checkbox"/> EMI033 Antismooth muscle Ab	<input type="checkbox"/> EMI123 Dog dander (e5)	<input type="checkbox"/> EMI117 Shrimp (f24)	
<input type="checkbox"/> EMI146 Anti CCP	<input type="checkbox"/> EMI152 Crab (f23)	<input type="checkbox"/> EMI114 Soya bean (f14)	
<input type="checkbox"/> EMI156 Anti $\beta$ 2 glycoprotein I-IgG	<input type="checkbox"/> EMI118 Egg white (f1)	<input type="checkbox"/> EMI153 Squid (f258)	
<input type="checkbox"/> EMI157 Anti $\beta$ 2 glycoprotein I-IgM	<input type="checkbox"/> EMI179 Egg white panel [Egg white (f1), Ovalbumin (f232), Ovomuroid (f233)]	<input type="checkbox"/> EMI115 Wheat (f4)	
<input type="checkbox"/> EMI186 Anti-PLA2R	<input type="checkbox"/> EMI187 Egg yolk (f75)	<input type="checkbox"/> EMI181 Wheat panel [Wheat (f4), Omega-5-Gliadin (f416)]	
<input type="checkbox"/> EMI184 Anti IFN-gamma	<input type="checkbox"/> EMI116 Fish (f3)	<input type="checkbox"/> EMI225 Bermuda grass (g2)	
<input type="checkbox"/> EMI230 ANCA (IFA: cANCA, pANCA)	<input type="checkbox"/> EMI119 Milk (f2)	<input type="checkbox"/> EMI226 Johnson grass (g10)	
<input type="checkbox"/> EMI231 Anti MPO	<input type="checkbox"/> EMI180 Milk panel [Milk (f2), Beta-lactoglobulin (f77), Casein (f78)]	<input type="checkbox"/> EMI127 Mixed grass [Bermuda (g2), Rye (g5), Timothy (g6), Kentucky blue (g8), Johnson (g10), Bahia grass (g17)]	
<input type="checkbox"/> EMI232 Anti PR3 <input type="checkbox"/> EMI233 Anti GBM	<input type="checkbox"/> EMI113 Peanut (f13)	<input type="checkbox"/> EMI150 Fire ant (i70)	
<input type="checkbox"/> EMI219 CIC-C1q	<input type="checkbox"/> EMI228 Peanut panel-1 (f13, f422, f423, f424)	<input type="checkbox"/> EMI124 Cockroach (Ri206)	
<input type="checkbox"/> EMI220 Anti-BP180 <input type="checkbox"/> EMI221 Anti-BP230	<input type="checkbox"/> EMI229 Peanut panel-2 (f352, f427)	<input type="checkbox"/> EMI125 Latex (k82)	
<input type="checkbox"/> EMI222 Anti-Desmoglein 1	<input type="checkbox"/> EMI210 Specific IgE to Allergen panel (IB) [House dust mite (d1-Dp), House dust mite (d2-Df), Cat epithelium and dander (e1), Crab (f23), Latex (u85), Egg white (f1), Ovalbumin (f232), Ovomuroid (f233), Casein (f78), Egg yolk (f75), Milk (f2), Peanut (f13), rAra h 2 Peanut (f423), rAra h 9 Peanut (f427), Shrimp (f24), Wheat (f4), Gluten (f79)]		
<input type="checkbox"/> EMI223 Anti-Desmoglein 3			
<input type="checkbox"/> EMI018 ANA : IFA (Screening)			
<input type="checkbox"/> EMI132 Antinuclear Ab profile 1 (IB) [dsDNA, Nucleosomes, Histones, SS-A, Ro-52, SS-B, RNP/Sm, Sm, Mi-2 $\alpha$ , Mi-2 $\beta$ , Ku, CENP A, CENP B, Sp100, PML, Scl-70, PM100, PM75, RP11, RP155, gp210, PCNA, DFS70]			
<input type="checkbox"/> EMI177 Antinuclear Ab profile 5 (IB) [nRNP/Sm, Sm, RNP 70, RNPA, RNPC, SS-A, Ro-52, SS-B, Scl-70, PM-Scl, Jo-1, CENP B, PCNA, dsDNA, nucleosomes, histones, ribosomal P protein, AMA-M2]			
<input type="checkbox"/> EMI176 Myositis profile 4 (IB) [Ro-52, OJ, EJ, PL-12, PL-7, SRP, Jo-1, PM-Scl75, PM-Scl100, Ku, SAE1, NXP2, MDA5, TIF1 $\gamma$ , Mi-2 $\beta$ , Mi-2 $\alpha$ , cN-1A, HMGR]			

\* Cryoglobulin เจาะเลือด 10 ml ห้ามแช่เย็น ใช้มือกำหลอดเลือดมาแล้วนำส่งทันที \*\*\* ส่งตรวจ complement ส่งทันทีหรือเก็บตู้เย็นไม่เกิน 2 ชั่วโมง