

**Urgent SCID New Born Screening Request Form**

**Department of Immunology**

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**8634**

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| --- | --- | --- | --- |
| **PATIENT:** | |  | **Immunology diagnostic laboratory use only:** |
| **SURNAME** |  | **Lab Number:** |
| **FIRST NAME** |  |
| **DATE OF BIRTH** |  |
| **SEX** |  |
| **NHS NUMBER** |  |
| **HOSPITAL NUMBER** |  |
| **HOSPITAL LAB NUMBER** |  |
| **ETHNIC ORIGIN** |  |
| **Date / time of sample collection** |  |
| **ADDRESS & POSTCODE** | |

**Referring Centre Physician Name: ………………………Department: …………………………………….**

**Hospital / Address: …………………………………….………..................................................................................**

**Phone:…………………………… E-mail Results to: ………………………………………….......................................**

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| --- | --- |
| **Analysis requested :** | |
| Lymphocyte Subsets with Naïve/Memory | Sample Requirements: | |
| T Cell Activation Panel (HLADR) | 2 ml EDTA | |
| FBC |  | |

External samples MUST BE PACKAGED IN ACCORDANCE WITH **UN PACKING REQUIREMENT PI 650** and clearly labelled **‘diagnostic specimen UN3373’**

**Special Notes:**

**These samples are urgent and should be sent to the laboratory as soon as possible. All packaging should be marked for the urgent attention of the Immunology laboratory.**

**There is a separate NBS lab for e.g. metabolic testing therefore please ensure that packaging is clearly labelled “SCID NBS for Immunology”**