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The Royal Children's Hospital Melbourne

RCH Immunology Laboratory
Diagnosis of Primary Immunodeficiencies

Date of sample collection: _____

Time of sample collection: _____

**** If this 'Clinical Details' form is not completed in full, the sample may not be processed ****

Patient details	**Referring physician**
Name:	Name:
Date of birth (dd-mm-yyyy):	Phone:
Sex: Male ☐ Female ☐	Fax:
Parent consanguinity: Yes ☐ No ☐	Email:

Clinical details	
Presenting features:	Current therapy:
Suspected or confirmed infection/s: Yes ☐ No ☐ If Yes, organism/s?	

Results at diagnosis

Immunoglobulins:		***FBC:***		***Lymphocyte subsets:***	
IgG (g/L)		Hb (g/L)		CD3+ (x10^9/L)	
IgA (g/L)		WCC (x10^9/L)		CD4+ (x10^9/L)	
IgM (g/L)		Neutrophils (x10^9/L)		CD8+ (x10^9/L)	
IgE (g/L)		Lymphocytes (x10^9/L)		B cells (x10^9/L)	
Measured while on IVIG? Yes ☐ No ☐		Platelets (x10^9/L)		NK cells (x10^9/L)	

COMPLETE BELOW FOR PATIENTS WITH SUSPECTED HLH ONLY

Fever ≥ 38.5°C: Yes ☐ No ☐		Fibrinogen (g/L):	CNS signs/symptoms: Yes ☐ No ☐	
Splenomegaly: Yes ☐ No ☐		ALT (U/L):	Brain MRI changes: Yes ☐ No ☐ N/A ☐	
Ferritin (ug/L):		LDH (U/L):	CSF Protein (g/L):	
CSF	Microscopy: Yes ☐ No ☐ Cytospin: Yes ☐ No (details below)		RCC (x10^6/L):	WCC (x10^6/L):
	Neutrophils: Yes ☐ No ☐ Lymphocytes: Yes ☐ No ☐ Macrophages: Yes ☐ No ☐ N/A ☐ Histiocytes: Yes ☐ No ☐ N/A ☐			
Haemophagocytosis: Yes ☐ No ☐ If Yes, specify site/s (e.g. bone marrow, liver, CSF):				

Contact information
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