

## REFERRAL PARAMETERS for the Immunology Clinic

### General Information

#### How to reach us:

Phone Number: General inquiries (416) 813-8627  
 Administrative Staff - Jessy DeBraganza

Fax Number: (416) 813-8638

Location: Main Floor Black Wing 555 University Avenue  
 Clinic 9 Toronto, Ontario  
 M5G 1X8

Contact Person: General Inquiries regarding Allergy (416) 813-8156  
 appointments  
 For patient concerns: Jessica Willett Pachul (416) 813-5301  
 RN.

Clinic Hours: 12:30p.m. to 4p.m.

#### How to make a referral:

- All patients require a referral to visit our clinic.
- If you are a health-care professional, log in to eCHN to submit your referral. From your eCHN account, you will be seamlessly connected to SickKids e-referral platform, EpicCare Link.
- [Learn more about our referral process.](#)
- For urgent referrals only (same day referrals), contact eCHN's Helpdesk directly 416-813-7998 or 1-877-252-9900, or by email at [helpdesk@echn.ca](mailto:helpdesk@echn.ca).  
 On weekends and after 6 p.m. on weekdays, please contact the Fellow on call via SickKids Locating at 416-813-1500.

### Referral Parameters - Immunology/Primary Immune Deficiency

Referring professionals accepted	Physicians
Patient group parameters	<ol style="list-style-type: none"> <li>1. Diagnosis and management of patients with suspected primary immune deficiency including:             <ol style="list-style-type: none"> <li>a. Recurrent, persistent, unusual or overwhelming infections</li> <li>b. Family history of immune deficiency, infections, autoimmunity, or malignancy</li> <li>c. Genetic abnormalities associated with immune deficiency.</li> <li>d. Syndromes associated with immune deficiency.</li> <li>e. Recurrent fever</li> <li>f. Persistent lymphadenopathy and hepatosplenomegaly</li> </ol> </li> <li>2. Lymphoid malignancies and/or lymphoproliferative disorders prior to initiation of chemotherapy</li> </ol>
Requirements pre-visit	Please include with the referral: <ol style="list-style-type: none"> <li>a. Detailed patient history of reason for referral</li> <li>b. Detailed history of infections (type of infections, frequency of infections, need for antibiotic treatment, objective documentation of the infections)</li> <li>c. Prior relevant medical evaluations.</li> <li>d. Presence of allergic, autoimmune or malignant diseases.</li> <li>e. Current and recent medications.</li> <li>f. Any immune modulating treatment within recent 3 months (including intravenous immunoglobulin, systemic steroids, chemotherapy, radiotherapy, etc).</li> <li>g. Immunization records.</li> <li>h. Growth parameters</li> </ol>

	<p>i. Recent complete blood count with differential count, immunoglobulin levels.</p> <p>ii. Detailed history of fever (fever diary) if applicable</p>
Additional information (if available)	<p>Please include with the referral:</p> <ul style="list-style-type: none"> <li>• Results of any previous tests (e.g. X-rays, CT scans, pulmonary function, cultures, etc.)</li> <li>• Family history of recurrent or unusual infections.</li> <li>• Family history of autoimmune or malignant diseases.</li> </ul>
Time Frame for Initial Visit	<p>a. Patients with a high suspicion of Severe Combined Immune Deficiency or hypogammaglobulinemia are seen within 1- 2 weeks. Please contact the Immunology Fellow on call at 416 813-1500 to discuss urgent referrals.</p> <p>b. Other immunological issues: 12-16 weeks</p>
Initial Visit may include	<ul style="list-style-type: none"> <li>• History and Physical exam</li> <li>• Blood work</li> <li>• Review of Vaccination (therefore bring your Vaccination card)</li> <li>• Skin Testing</li> <li>• Genetic analysis</li> <li>• Diagnostic Imaging</li> <li>• Pulmonary Function Testing</li> <li>• Patient and family education</li> </ul>
Age limit	Up to 18 years of age. Exceptions may be made for suspected Primary Immune Deficiency (i.e. common variable immunodeficiency).
Pre-visit education material and instructions	<ul style="list-style-type: none"> <li>• <a href="#">Information on Visiting SickKids</a></li> <li>• Confirmation of appointment letter (mailed or faxed by clinic if time frame permits)</li> </ul>