

THE TRANSPLANTATION LABORATORY, MANCHESTER ROYAL INFIRMARY

TEL: 0161 276 6397 FAX: 0161 276 6148

SURNAME*		FORENAME*		DATE OF BIRTH*	SEX	HOSPITAL*
HOSPITAL NUMBER*		NHS NUMBER		REQUESTED BY* (BLOCK CAPITALS)		CONSULTANT*
NHS PATIENT	BLOOD GROUP	BLOOD TRANSFUSION		No. PREGNANCIES	SAMPLE DRAW DATE*	
<input type="checkbox"/> Yes <input type="checkbox"/> No	ABO ____ Rh ____	Date ____ No. Units ____				

DIAGNOSIS*

RECIPIENT KIDNEY (K) PANCREAS (P) COMBINED K/P ISLETS COMBINED K/I DONOR OTHER

TESTS REQUIRED*

RECIPIENT HLA TYPING

HLA TYPING (5ml EDTA)

LIVING DONOR HLA TYPING

5ml EDTA

RECIPIENT HLA SPECIFIC ANTIBODIES

HLA SPECIFIC ANTIBODIES (10ml CLOTTED BLOOD)

LIVING DONOR CROSSMATCH

40ML HEPARIN OR EDTA (DONOR)
10ML CLOTTED (RECIPIENT)

POTENTIAL RECIPIENT _____

POTENTIAL RECIPIENT HOSPITAL NO _____ RELATIONSHIP OF DONOR TO RECIPIENT _____

PREGNANCY RELATED UNACCEPTABLE ANTIGENS

5ml EDTA

RECIPIENT _____

POST-TPX DONOR SPECIFIC ANTIBODIES

10ml CLOTTED BLOOD

AUTO CROSSMATCH

20ml HEPARIN OR EDTA

* ESSENTIAL INFORMATION REQUIRED IN ORDER TO PROCESS REQUEST

FOR LABORATORY USE ONLY

DATE	CELL NO.	DNA NO.	SERUM NO.	PATIENT NO.

Samples booked in by _____

HLA TYPING

Reviewed By _____

HLA-A

HLA-B

HLA-C

HLA-DRB1

HLA-DRB3/4/5

HLA-DQB1

HLA-DPB1

Request on HLA Typing Database By _____

AUTO XM

LDXM

IgG/M SCREEN

CELLS: FROZEN / DISCARDED BY _____

DISPOSAL OF RESIDUAL DONOR MATERIAL

XM Material By _____ Date _____ Additional Material By _____ Date _____

KIDNEY/KIDNEY +/-OR PANCREAS / ISLET TRANSPLANT REQUEST