

**TRANSPLANTATION LABORATORY,
MANCHESTER ROYAL INFIRMARY**

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mft.nhs.uk/mri/services/transplantation-laboratory/



Manchester University
NHS Foundation Trust

*Essential information required in order to process request

SURNAME *(BLOCK CAPITALS)	FORENAMES*	DATE OF BIRTH*	SEX	HOSPITAL*
HOSPITAL NUMBER*/ DISTRICT NUMBER	NHS NUMBER	SAMPLE DATE*	BLEED TIME	CONSULTANT*
REQUESTED BY	DIAGNOSIS/COMMENTS			ETHNIC ORIGIN

For more information regarding how to complete a sample request, please refer to our website (listed in header)

TESTS REQUIRED*

Abacavir Hypersensitivity (HLA-B*57:01)

☐ SEND 5ml EDTA Blood

**Ankylosing Spondylitis / Anterior Uveitis
(HLA-B*27)**

☐ SEND 5ml EDTA Blood

Behçet's Disease (HLA-B*51)

☐ SEND 5ml EDTA Blood

Birdshot Chorioretinopathy (HLA-A*29)

☐ SEND 5ml EDTA Blood

Actinic Prurigo (HLA-DRB1*04:07)

☐ SEND 5ml EDTA Blood

**Celiac Disease (HLA-DQA1*/DQB1*:
DQ2.5, DQ8, DQ2.2, DQ7.5)**

☐ SEND 5ml EDTA Blood

Narcolepsy (HLA-DQB1*06:02)

☐ SEND 5ml EDTA Blood

OTHER (please specify)

☐ _____
SEND 5ml EDTA Blood

FOR LABORATORY USE ONLY

DATE	DNA No.	PATIENT No.

CM7328 Rev3 08/20 Samples booked in by: _____ B27 B57 ACT BEH BSR COE NAR OTH

☐ HLA TYPING

☐ A

☐ DRB1

Reviewed by: _____

☐ B

☐ DRB3/4/5

☐ C

☐ DQB1

☐ DPB1

Requested on HLA Typing Database By: _____

HLA DISEASE ASSOCIATION REQUEST