TRANSPLANTATION LABORATORY,
MANCHESTER ROYAL INFIRMARY

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NHS
Manchester University
NHS Foundation Trust

*Essential information required in order to process request

SURNAME* (BLOCK CAPITALS)	FORENAMES*	DATE OF BIRTH*	SEX	HOSPITAL*

DISTRICT NUMBER	HOSPITAL NUMBER	NHS NUMBER	SAMPLE DATE*

DIAGNOSIS	ETHNIC ORIGIN	CMV SEROSTATUS	ABO / Rh	CONSULTANT*

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

TEST REQUEST

HLA TYPING: ☐ 3ml EDTA Blood ☐ Buccal Swab ☐ Blood Spot

HLA-SPECIFIC ANTIBODY SCREENING: ☐ 5ml Clotted Blood Sample

DONOR CHIMERISM ANALYSIS: ☐ Peripheral Blood (3ml EDTA Blood) ☐ 1ml Bone Marrow

SPLIT CELL POPULATIONS (EDTA Blood – 3ml per lineage): ☐ $CD3^+$ ☐ $CD15^+$ ☐ $CD19^+$ Other: _____

Split cell population samples are time sensitive. Please send to the laboratory as urgent.

Donor ID: _____ Date of Transplant: _____

FOR LABORATORY USE ONLY

Date	BMT Lab No.	DNA No.	Serum No.	Patient No.
BMT Reg No.:				
			BMT / BMR / MUD / CBD	

Samples booked in: _____

☐ **HLA TYPING** **Reviewed by:** _____

☐ A ☐ B ☐ C ☐ DRB1 ☐ DRB3/4/5 ☐ DQB1 ☐ DPB1

Requested on HLA Typing Database by: _____

Chimerism Analysis: ☐ Whole Blood ☐ $CD3^+$ ☐ $CD15^+$ ☐ $CD19^+$ ☐ Bone Marrow Other: _____

Entered onto BMT Sample / BMT Outcome Database by: _____

☐ **Antibody Screening** [CI / CII] specificity definition required if Pos ☐ Consult Pt. Services

Requested by: _____

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HPCT REQUEST CARD