NHS
Manchester University
NHS Foundation Trust

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*
☐ Yes ☐ No	ABO ____ Rh ____	Date _____ No. Units ____		

DIAGNOSIS* **DONOR** **OTHER**

RECIPIENT ☐ KIDNEY (K) ☐ PANCREAS (P) ☐ COMBINED K/P ☐ ISLETS ☐ COMBINED K/I ☐ ☐

TESTS REQUIRED*

RECIPIENT HLA TYPING
☐ HLA TYPING (5ml EDTA)

LIVING DONOR HLA TYPING
☐ 5ml EDTA

POTENTIAL RECIPIENT_____
POTENTIAL RECIPIENT HOSPITAL NO_____

PREGNANCY RELATED UNACCEPTABLE ANTIGENS
☐ 5ml EDTA

POST-TPX DONOR SPECIFIC ANTIBODIES
☐ 10ml CLOTTED BLOOD

RECIPIENT HLA SPECIFIC ANTIBODIES
☐ HLA SPECIFIC ANTIBODIES (10ml CLOTTED BLOOD)

LIVING DONOR CROSSMATCH
☐ 40ML HEPARIN OR EDTA (DONOR)
10ML CLOTTED (RECIPIENT)

RELATIONSHIP OF DONOR TO RECIPIENT_____
RECIPIENT_____

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_____

CM7817: 04/18 REV 3

KIDNEY/KIDNEY +/OR PANCREAS / ISLET TRANSPLANT REQUEST