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*

RECIPIENT ☐ HEART ☐ SINGLE L ☐ DOUBLE L ☐ H+L

DONOR ☐ **OTHER** ☐

TESTS REQUIRED*

RECIPIENT HLA TYPING
☐ HLA TYPING (5ml EDTA)

CYTOTOXIC ANTIBODIES
☐ SEND 10ml CLOTTED BLOOD

PREGNANCY RELATED UNACCEPTABLE ANTIGENS
☐ 5ml EDTA

POST-TPX DONOR SPECIFIC ANTIBODIES
☐ 10ml CLOTTED BLOOD

URGENT THORACIC ASSESSMENT
☐ SEND 10ml EDTA BLOOD + 10ml CLOTTED BLOOD

DONOR PROSPECTIVE CROSSMATCH
☐ SEND 40ml EDTA

RECIPIENT_____

*** 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_____

Request on the Serum Screening Database By_____

CELLS: FROZEN / DISCARDED BY_____

DISPOSAL OF RESIDUAL DONOR MATERIAL

☐ XM Material By_____ Date_____ ☐ Additional Material By_____ Date_____

CM11762

THORACIC ORGAN TRANSPLANT REQUEST