

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 HEART SINGLE L DOUBLE L H+L

DONOR **OTHER**

TESTS REQUIRED*

RECIPIENT HLA TYPING

HLA TYPING (5ml EDTA)

URGENT THORACIC ASSESSMENT

SEND 10ml EDTA BLOOD + 10ml CLOTTED BLOOD

CYTOTOXIC ANTIBODIES

SEND 10ml CLOTTED BLOOD

DONOR PROSPECTIVE CROSSMATCH

SEND 40ml EDTA

PREGNANCY RELATED UNACCEPTABLE ANTIGENS

5ml EDTA

RECIPIENT _____

POST-TPX DONOR SPECIFIC ANTIBODIES

10ml CLOTTED BLOOD

* 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 _____

THORACIC ORGAN TRANSPLANT REQUEST

CM11762