

**TRANSPLANTATION LABORATORY,
MANCHESTER ROYAL INFIRMARY**

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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 by: _____

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: _____