

Ref: <https://portal.welsh-blood.org.uk/wtail/prospectus>

WELSH TRANSPLANTATION AND IMMUNOGENETICS LABORATORY
HAEMATOPOIETIC STEM CELL TRANSPLANT PATIENTS/DONORS

**HLA-TYPING REQUEST FORM****ALL fields marked * MUST be completed.****ALL samples and forms MUST have at least 3 points of identification.****SAMPLES WHICH ARE NOT LABELLED CORRECTLY WILL BE DISCARDED**

Sample Details <i>(May be a patient or potential donor)</i>															
*Surname						Address									
*Forename						ADDRESSOGRAPH LABEL HERE									
*NHS Number															
Hospital Number															
Ethnicity															
*Date of Birth						Gender		Postcode							
D	D	M	M	Y	Y	Y	Y	M / F							
Consultant / GP Details <i>(For the person who provided the sample)</i>															
Name															
Department/Surgery															
Hospital															
Copy of report to															
Clinical Details <i>(e.g. disease, indication for HSCT, or donor)</i>															
If this sample is from a relative of a potential BMT patient please provide the following recipient details here:															
*Surname					*Forename										
*Hospital Number					*Relationship										
*Date of Birth															
Tests Requested By					Samples Collected By										
Name <i>(Please Print)</i>					Name <i>(Please Print)</i>										
Signature					Signature										
Date			Contact No		Date			Time							
D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
Laboratory Use Only				TTID			Date & Time Received								

SAMPLE REQUIREMENTS

Patient	Sample Requirements*
HSCT recipient	<input type="checkbox"/> 34 ml EDTA (<i>purple top</i>) <input type="checkbox"/> 6 ml EDTA (<i>pink top</i>): Labelling MUST be hand written on tube <input type="checkbox"/> 10 ml clotted (<i>red top</i>)
Family member (Potential donor)	<input type="checkbox"/> 10 ml EDTA (<i>purple top</i>) <input type="checkbox"/> 6 ml EDTA (<i>pink top</i>): Labelling MUST be hand written on tube

* Please note: the volumes stated are the minimum requirements. We accept various tube sizes provided the minimum requirement is met (e.g. 6 x 6 ml tubes is acceptable for the 34 ml requirement, 2 x 6 ml tubes is acceptable to meet the 10 ml requirement etc.)

SAMPLE LABELLING/COMPLETION OF REQUEST FORM

1. A separate request form MUST be completed for each person.
2. Samples and forms must each be labelled with a minimum of 3 points of identification. The details provided on the samples and form must match.
3. Addressograph labels may be used on both samples and forms UNLESS specified as hand written (see sample requirements table above).
4. SAMPLES THAT ARE NOT LABELLED CORRECTLY WILL BE DISCARDED

SAMPLE STORAGE & TRANSPORTATION

1. For urgent requests, please telephone the laboratory (see contact information below) to agree turnaround times and reporting requirements.
2. Samples for urgent testing MUST be clearly marked and transported to the laboratory within the agreed timeframe.
3. Samples should be stored/transported at ambient temperature (i.e. 15°C – 25°C) and delivered to the laboratory, ideally within 24 hours of collection, to minimise the impact on sample quality. Samples received more than seven days after collection will not be processed.
4. Sample transport is the responsibility of the requestor. The requestor must assure that the chosen mode of transport will fulfil the requirements of point 3 above.
5. Samples must be packaged in accordance with the EU Carriage of Dangerous Goods regulations https://ec.europa.eu/transport/road_safety/topics/dangerous_goods_en and IATA regulations <https://www.iata.org/en/publications/dgr>

Laboratory Contact Information	
Telephone:	01443 622041/166 WHTN 01797 2041/2166
Email:	Molecular.Genetics@wales.nhs.uk
Fax:	01443 622167 WHTN 01797 2167

Download the current version of this form from: <https://portal.welsh-blood.org.uk/wtail/request-forms>