



**WELSH TRANSPLANTATION AND IMMUNOGENETICS LABORATORY
HLA & DISEASE ASSOCIATION REQUEST FORM**

**ALL fields marked * MUST be completed.
ALL samples and forms MUST have at least 3 points of identification and the
date of sample collection.
SAMPLES WHICH ARE NOT LABELLED CORRECTLY WILL BE DISCARDED**

Patient Details (<i>Addressograph labels are acceptable</i>)															
Hospital Number					Address										
*NHS Number															
*Surname															
* Forename															
*Date of Birth				Gender		Postcode									
D	D	M	M	Y	Y					Y	Y				
*Consultant / GP Details															
Name															
Department / Surgery															
Hospital															
Copy of report to															
*Tests Requested															
HLA-B27 <input type="checkbox"/>					Clinical details:										
HLA-B*57:01 (Abacavir hypersensitivity) <input type="checkbox"/>															
Other HLA-Disease Association <input type="checkbox"/> <i>(Please specify HLA antigen/s of interest)</i>															
High Risk Sample <input type="checkbox"/>															
Sample Requirements															
5mls EDTA															
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

Address samples to: Welsh Transplantation and Immunogenetics Laboratory, Welsh Blood Service, Ely Valley Road, Talbot Green, Pontyclun, CF72 9WB

Enquiries: Patient Services, Welsh Transplantation and Immunogenetics Laboratory.

Telephone: 01443 622186/179 (WHTN:01797 2186/2179)

Email: WTAİLRenal@wales.nhs.uk

Fax: 01443 622309 (WHTN:01797 2309)



SAMPLE REQUIREMENTS

Testing Required	Samples Required		
	EDTA	Clotted	Other
HLA-B27 typing	5 - 10ml	-	-
Miscellaneous e.g. Coeliac disease, abacavir hypersensitivity	5 - 10ml	-	-

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 sample and form must match.
3. Addressograph labels may be used on both samples and forms **UNLESS** specified otherwise (see sample requirements table above).
4. **SAMPLES WHICH ARE NOT LABELLED CORRECTLY WILL BE DISCARDED.**

SAMPLE STORAGE & TRANSPORTATION

1. Samples for HLA-typing, cross-matching and urgent rejection monitoring **MUST** be pre-arranged with the laboratory.
2. Urgent samples **MUST** be clearly marked and transported to the laboratory with minimum delay.
3. Sample transport is the responsibility of the requestor. The requestor must assure themselves that the chosen mode of transport is effective and appropriate to maintain sample integrity.
4. Samples should be stored/transported at ambient temperature (approximately 22°C) and delivered to the laboratory in a timely manner, preferably within 24 hours of collection.
5. Samples must be packaged in accordance with the EU Carriage of Dangerous Goods regulations and IATA regulations.

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