

WELSH TRANSPLANTATION & IMMUNOGENETICS LABORATORY RENAL TRANSPLANT LIVING DONOR REQUEST FORM

PLEASE SEE INSTRUCTIONS ON REVERSE FOR COMPLETION OF FORM AND TRANSPORTATION OF SAMPLES TO THE LABORATORY

Donor Details			
Surname:	Address: ADDRESSOGRAPH LABEL HERE		
Forename(s):			
Previous Name:			
Date of Birth :			
NHS No.:			
Hospital No.:			
Gender:		Postcode:	
Potential Recipient Details			
Surname:	Address: ADDRESSOGRAPH LABEL HERE		
Forename(s):			
Previous Name:			
Date of Birth :			
NHS No.:			
Hospital No.:			
Gender:		Postcode:	
Relationship of donor to recipient:			
Recipient at Other Transplant Centre (Please specify)			
Tests Required (See reverse of form for blood sample requirements)			
Full Crossmatch <input type="checkbox"/>	ABO Titres <input type="checkbox"/>		
Virtual Crossmatch <input type="checkbox"/>	ABO Group (Donor):		
Match Grade <input type="checkbox"/>	ABO Group (Recipient):		
Altruistic Donor <input type="checkbox"/>	<i>If ABO groups of the patient and/or donor are unknown please provide additional samples for ABO titre testing and inform the laboratory if testing is required</i>		
Tests Requested by :	Samples collected by:		
Name (Please print):	Name (Please print):		
Signature:	Signature:		
Date:	Date : Time:		
Report Required by (Please specify date):			
Laboratory Use only	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">TTID Donor: Recipient:</td> <td style="width: 50%; border: none;">Date & Time Received:</td> </tr> </table>	TTID Donor: Recipient:	Date & Time Received:
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SAMPLE REQUIREMENTS

Testing Required		Samples Required
Live Donor Testing	Full crossmatch	40mls EDTA 6mls EDTA-hand-labelled 6mls EDTA (<i>Potential ABO Titres</i>)
	Virtual Crossmatch Match Grade only	10mls EDTA 6mls EDTA-hand-labelled 6mls EDTA (<i>Potential ABO Titres</i>)
	Altruistic Donor	10mls EDTA 6mls EDTA-hand-labelled
ABO Titres	Donor & Recipient	6mls EDTA

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 current EU Carriage of Dangerous Goods regulations and IATA regulations.

Further information		
Telephone	Email	Fax
01443 622186/179	WTAIlRenal@wales.nhs.uk	01443 622310
WHTN 01797 2186/2179	AntibodyScreening@wales.nhs.uk	WHTN 01797 2310