

## WELSH TRANSPLANTATION AND IMMUNOGENETICS LABORATORY RENAL TRANSPLANT RECIPIENT REQUEST FORM

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

Recipient Details			
Surname:	Address:		
Forename(s):	ADDRESSOGRAPH LABEL HERE		
Previous Name:			
Date of Birth :			
NHS No.:			
Hospital No.:			
Gender:	Postcode:		
Mode of Dialysis	Dialysis Unit		
Unit HD <input type="checkbox"/>	UHW <input type="checkbox"/>	Llantrisant <input type="checkbox"/>	Withybush <input type="checkbox"/>
CAPD <input type="checkbox"/>	Cardiff North <input type="checkbox"/>	Merthyr Tydfil <input type="checkbox"/>	Carmarthen <input type="checkbox"/>
Home HD <input type="checkbox"/>	Cardiff South <input type="checkbox"/>	Morrison <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Pre-dialysis <input type="checkbox"/>	Newport <input type="checkbox"/>	Morrison Annexe <input type="checkbox"/>	
Failing Transplant <input type="checkbox"/>	Pontypool <input type="checkbox"/>	Aberystwyth <input type="checkbox"/>	
Ethnicity:			
Organ Required	Sensitisation History	Clinical/Additional Information	
Kidney only <input type="checkbox"/>	Transplants <input type="checkbox"/> _____	<i>E.g. Autoimmune Disease, Virology Risk, Immunosuppression.</i>	
Kidney/Pancreas <input type="checkbox"/>	Pregnancies <input type="checkbox"/> _____		
Pancreas only <input type="checkbox"/>	Transfusions <input type="checkbox"/> _____		
Tests Required (See reverse of form for blood sample requirements)			
Transplant list	Deceased Donor	Live donor Testing	
1 <sup>st</sup> and Re-typing <input type="checkbox"/>	Crossmatch <input type="checkbox"/>	Full Crossmatch <input type="checkbox"/>	Day of Transplant <input type="checkbox"/>
Returning to List <input type="checkbox"/>	Day of Transplant <input type="checkbox"/>	Virtual Crossmatch <input type="checkbox"/>	ABO Titres <input type="checkbox"/>
Other (Please Specify e.g. ABO only) <input type="checkbox"/>		Match Grade <input type="checkbox"/>	
HLA-Antibody Monitoring			
Transplant List	Rejection	Incompatible Transplant	
Routine <input type="checkbox"/>	Urgent (Please inform laboratory) <input type="checkbox"/>	HLA incompatible <input type="checkbox"/>	
Routine Post Transplant <input type="checkbox"/>	Non-Urgent <input type="checkbox"/>	ABO incompatible <input type="checkbox"/>	
Post-Transfusion <input type="checkbox"/>	Treatment		
Date(s) transfused:	Pre DFPP <input type="checkbox"/>	Post DFPP <input type="checkbox"/>	No DFPP <input type="checkbox"/>
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	TTID:	Date & Time Received	

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### SAMPLE REQUIREMENTS

Testing Required		Samples Required
Transplant List Registration <sup>1</sup>	1 <sup>st</sup> Typing Samples Retype Samples Returning to list	10mls EDTA 6mls EDTA - hand-labelled 12mls Clotted
Deceased Donor Testing	Full Crossmatch Day of Transplant	30mls EDTA 12mls Clotted
Live Donor Testing <sup>1</sup>	Full crossmatch Day of Transplant	30mls EDTA 6mls EDTA-hand-labelled 12mls Clotted 6mls EDTA ( <i>Potential ABO Titres</i> )
	Virtual Crossmatch Match Grade	10mls EDTA 6mls EDTA - hand-labelled 12mls Clotted 6mls EDTA ( <i>Potential ABO Titres</i> )
	ABO Titres ABO-incompatible Monitoring	6mls EDTA
HLA-Antibody Monitoring	Routine Transplant List Routine Post transplant Rejection Investigation HLA-incompatible Monitoring	12mls Clotted

<sup>1</sup> Sample requirements may vary for patients who have previously been tested, check with laboratory for details

#### 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 EU Carriage of Dangerous Goods regulations and IATA regulations.

Laboratory Contact Information	
Telephone:	01443 622186/179 WHTN 01797 2186/2179
Email:	<a href="mailto:WTAİLRenal@wales.nhs.uk">WTAİLRenal@wales.nhs.uk</a> <a href="mailto:AntibodyScreening@wales.nhs.uk">AntibodyScreening@wales.nhs.uk</a>
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