



TRANSPLANTATION SERVICES LABORATORY
HLA & DISEASE ASSOCIATION REQUEST FORM

PLEASE SEE INSTRUCTIONS ON REVERSE

1. Recipient Details (place addressograph label here)				
Surname:		Address:		
Forename(s):				
Hospital Number:				
NHS Number:				
Sex:	Date of Birth:	Postcode:		
2. Consultant/GP Details				
Name:				
Department/Surgery:				
Hospital:				
Copy of report to:				
Preferred email address for report:				
3. Tests Required (Sample requirements: 5 - 10mls EDTA)			Clinical Details	
HLA-A29 (e.g. Birdshot Chorioretinopathy)			<input type="checkbox"/>	
HLA-B27 (e.g. Ankylosing Spondylitis/Uveitis)			<input type="checkbox"/>	
HLA-B51 (e.g. Behcet's Disease)			<input type="checkbox"/>	
HLA-B*57:01 (e.g. Abacavir Hypersensitivity)			<input type="checkbox"/>	
HLA-DR15/DQ6 (e.g. Narcolepsy)			<input type="checkbox"/>	
HLA-DQ2/DQ8 (e.g. Coeliac Disease)			<input type="checkbox"/>	
HLA-DQA1*05 (e.g. Crohn's Disease Treatment)			<input type="checkbox"/>	
Other HLA-Disease Association (please specify HLA antigen/s of interest)			<input type="checkbox"/>	
High Risk Sample (please label and package sample as appropriate)			<input type="checkbox"/>	
4. Tests Requested By (please print):		5. Samples Collected By (please print):		
Name/email: @wales.nhs.uk		Name:		
Signature: Date:		Signature: Date:		
6. Laboratory Use Only				
Sample identifiers checked (sign below):	Indicate Sample Number:	Pink Purple	Red Gold	Other (specify):
Date and time sample received:				



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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.**
5. Please note that it is the responsibility of the requester to obtain informed consent and verify identification of the patient for the requested tests.

Sample Type	Sample Volume	Vacutainer Colour
EDTA (with addressograph or hand labelled)	5 – 10 ml	Pink or Purple

SAMPLE STORAGE & TRANSPORTATION

1. Urgent samples **MUST** be clearly marked and transported to the laboratory with minimum delay.
2. 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.
3. 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.
4. Samples must be packaged in accordance with EU Carriage of Dangerous Goods regulations and IATA regulations.

Laboratory Contact Information	
Telephone:	01443 622186/179
Email:	WTAILRenal@wales.nhs.uk WBS.AntibodyScreening@wales.nhs.uk
Address:	Welsh Blood Service Ely Valley Rd Talbot Green Ynysmaerdy Pontyclun CF72 9WB