

TRANSPLANTATION SERVICES LABORATORY
RENAL TRANSPLANT LIVING DONOR REQUEST FORM

PLEASE SEE INSTRUCTIONS ON REVERSE

1. DONOR Details (place addressograph label here)		2. RECIPIENT Details (place addressograph label here)	
Surname:	Surname:	Forename(s):	Forename(s):
Hospital No.:	Hospital No.:	NHS No.:	NHS No.:
Date of birth:	Sex:	Date of birth:	Sex:
Address:	Address:	Postcode:	Postcode:
Previous name:	Previous name:		
3. Relationship of donor to recipient:			
4. Specify transplant centre if recipient elsewhere:			
5. Specify ABO blood groups (if known):		Donor:	Recipient:
6. Tests Required (please select box)		Donor Samples Required <i>(colour guide on reverse)</i>	
Live Donor Testing	Full Crossmatch <input type="checkbox"/>	30mls EDTA 6mls EDTA-hand-labelled 6mls EDTA <i>(for potential ABO Titres)</i>	
	Virtual Crossmatch <input type="checkbox"/>	10mls EDTA 6mls EDTA-hand-labelled 6mls EDTA <i>(for potential ABO Titres)</i>	
	Match Grade <input type="checkbox"/>		
	Altruistic Donor <input type="checkbox"/>	10mls EDTA 6mls EDTA-hand-labelled	
Day of transplant samples	<input type="checkbox"/>	20mls EDTA	
ABO Titres only	<input type="checkbox"/>	6mls EDTA	
Follow-up red cell antibody investigation	<input type="checkbox"/>	6mls EDTA	
7. Tests requested by (please print):		8. Samples collected by (please print):	
Name/email: _____ @wales.nhs.uk	Date: _____	Name: _____	Signature: _____
Signature: _____	Date: _____	Date: _____	Time: _____
Transplant centre: UHW <input type="checkbox"/> Morryston <input type="checkbox"/>			
9. Laboratory use only			
Donor TTID:	Sample identifiers checked (sign below):	Indicate Sample Number:	Pink: _____ Red: _____ Other (specify): _____
Recipient TTID:		Purple: _____ Gold: _____	
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	Vacutainer Colour
EDTA (with addressograph)	Purple
EDTA (hand labelled)	Pink

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
Email:	WTAİLRenal@wales.nhs.uk WBS.AntibodyScreening@wales.nhs.uk
Address:	Welsh Blood Service Ely Valley Rd Talbot Green Ynysmaerdy Pontyclun CF72 9WB