

TRANSPLANTATION SERVICES LABORATORY
HAEMATOPOIETIC STEM CELL TRANSPLANT PATIENTS/ DONORS
HLA-TYPING REQUEST FORM

SAMPLE REQUIREMENTS

Patient	Sample Requirements*
HSCT recipient	18 ml EDTA (Purple top) 6 ml EDTA (Pink top) 6 ml clotted (Red top)
Family member (potential donor)	10 ml EDTA (Purple top) 6 ml EDTA (Pink top)

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 STORAGE & TRANSPORTATION

1. For urgent requests, please telephone the laboratory (see contact information below) to agree turnaround times and reporting requirements.
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 622186/166
Email:	Molecular.Genetics@wales.nhs.uk
Address:	Welsh Blood Service Ely Valley Rd Talbot Green Ynysmaerdy Pontyclun CF72 9WB