

TRANSPLANTATION SERVICES LABORATORY
RENAL TRANSPLANT RECIPIENT REQUEST FORM

PLEASE SEE INSTRUCTIONS ON REVERSE

1. Recipient Details (place addressograph label here)		2. Organ Required		4. Clinical/Additional Information	
Surname:		Kidney only		<i>E.g. Autoimmune Disease, Virology Risk, Immunosuppression</i>	
Forename(s):		Kidney/Pancreas			
Hospital No.:		Pancreas only			
NHS No.:		3. Sensitisation History Please specify number and dates:			
Date of birth:					
Sex:					
Address:		Transplants			
Postcode:		Transfusions			
Previous name:		Pregnancies			
Ethnicity:					
5. Mode of Dialysis		6. Dialysis Unit			
Unit HD	<input type="checkbox"/>	UHW	<input type="checkbox"/>	Merthyr Tydfil	<input type="checkbox"/>
CAPD	<input type="checkbox"/>	Cardiff North	<input type="checkbox"/>	Llantrisant	<input type="checkbox"/>
Home PD	<input type="checkbox"/>	Cardiff South	<input type="checkbox"/>	Bridgend	<input type="checkbox"/>
Pre-Dialysis	<input type="checkbox"/>	Newport	<input type="checkbox"/>	Morrison	<input type="checkbox"/>
Failing Transplant	<input type="checkbox"/>	Pontypool	<input type="checkbox"/>	Morrison Annexe	<input type="checkbox"/>
				Aberystwyth	<input type="checkbox"/>
				Carmarthen	<input type="checkbox"/>
				Withybush	<input type="checkbox"/>
				Neath	<input type="checkbox"/>
				Other (please specify)	<input type="checkbox"/>
7. Tests Required			Samples Required (colour guide on reverse)		
Transplant List Registration		1 st Typing and Re-typing	<input type="checkbox"/>	{ 10mls EDTA 6mls EDTA - hand-labelled 12mls Serum	
<small>Sample requirements may vary for patients who have previously been tested, please check with laboratory for details</small>		Returning to List	<input type="checkbox"/>		
		Other (please specify, e.g. ABO only):	<input type="checkbox"/>		
Deceased Donor Testing		Full Crossmatch	<input type="checkbox"/>	{ 30mls EDTA 12mls Serum	
		Day of Transplant	<input type="checkbox"/>		
Live Donor Testing		Full Crossmatch	<input type="checkbox"/>	{ 30mls EDTA 6mls EDTA - hand-labelled 12mls Serum 6mls EDTA (Potential ABO Titres)	
<small>Sample requirements may vary for patients who have previously been tested, please check with laboratory for details</small>		Day of Transplant	<input type="checkbox"/>		
		Virtual Crossmatch	<input type="checkbox"/>		
		Match Grade	<input type="checkbox"/>	{ 10mls EDTA 6mls EDTA - hand-labelled 12mls Serum 6mls EDTA (Potential ABO Titres)	
		ABO Titres only	<input type="checkbox"/>		
Autologous Crossmatch			<input type="checkbox"/>	{ 10mls EDTA 12mls Serum	
Routine HLA-Antibody Monitoring		Routine Transplant List	<input type="checkbox"/>	12mls Serum	
		Routine Post Transplant List	<input type="checkbox"/>		
		Post-Transfusion	<input type="checkbox"/>		
		Date(s) of transfusion(s) and number:			
HLA Rejection Investigation (3-5 working day turn around)			<input type="checkbox"/>	12mls Serum	
INDICATE IF SAMPLE REQUIRES URGENT TESTING (1 working day for results)			<input type="checkbox"/>		
ABO incompatible transplant monitoring (Please specify DFPP status below)			<input type="checkbox"/>	6mls EDTA	
Pre DFPP <input type="checkbox"/> Post DFPP <input type="checkbox"/> No DFPP <input type="checkbox"/>					
Follow-up red cell antibody investigation			<input type="checkbox"/>	6mls EDTA	
8. Tests requested by (please print):			9. Samples collected by (please print):		
Name/email:		@wales.nhs.uk		Name:	
Signature:		Date:		Signature:	
Transplant centre: UHW <input type="checkbox"/> Morrison <input type="checkbox"/>				Date:	
				Time:	
10. Laboratory use only					
Donor TTID:	Sample identifiers checked (sign below):		Indicate Sample Number:	Pink:	Red:
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
Serum	Red or Gold

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