# NEW SOUTH WALES TRANSPLANTATION AND IMMUNOGENETICS SERVICE

Australian Red Cross BLOOD SERVICE

RCPA The Royal College of Pathologists of Australasia

NATA WORLD RECOGNISED ACCREDITATION

**Bookings** +61 2 9234 2322
**Fax** +61 2 9234 2326
**Email** ttcbo@redcrossblood.org.au
**Website** www.transplantservices.com.au

**Transplant Services – New South Wales**
Dock A, Level 3, 17 O'Riordan Street, Alexandria, Sydney NSW 2015

**Dr C Hogan**

**SURNAME** (Please print)

**GIVEN NAMES** **DOB** / / **SEX**

**ADDRESS**

**TELEPHONE** **UR No**

**Name of Collector, Date and Time**

TRANSPLANT CENTRE PRINCE OF WALES (ST GEORGE PATIENT)

**TT Specimen No. and Date** (for lab use only)

**REQUESTING DOCTOR** PROVIDER No

SURNAME AND INITIALS

ADDRESS 50 MONTGOMORY STREET, KOGARAH, NSW POSTCODE 2217

TELEPHONE 9113 2622 FACSIMILE 9553 8192

**REPORTS TO BE SENT TO**

NAME

ADDRESS

TELEPHONE FACSIMILE

NAME

ADDRESS

TELEPHONE FACSIMILE

**CLINICAL NOTES**

PROVISIONAL DIAGNOSIS

RENAL TRANSPLANT

REASON FOR REQUEST/TYPE OF TRANSPLANT

HLA antibodies for DSA

**TEST/S REQUESTED** (Please see reverse for code list)

Luminex by SAG for DSA

(10ml clotted sample)

**PLEASE COMPLETE RECIPIENT DETAILS BELOW IF SPECIMEN ABOVE IS FROM A POTENTIAL DONOR:**

PATIENT NAME

PATIENT DOB / /

RELATIONSHIP OF DONOR TO PATIENT

**FOR NON-TRANSPLANT/TRANSFUSION TESTING**

**ACCOUNT TO BE SENT TO** (please tick) ☐ N/A ☐ PATIENT ☐ INTERHOSPITAL ☐ PRIVATE PATH

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