



## Requirements for ABO titres to be performed at Blood Bank, RPA Hospital

## The following are required on every request:

- 1. A 9mL EDTA sample (or 2 x 4 mL EDTA samples) with handwritten details.
- 2. The details on the form must be handwritten.
- 3. The requesting doctor's **name**, **provider number**, **contact telephone number** and **fax number** must be included.
- 4. Ensure the request form is **signed by the collector** AND the **patient/witness** and the **date/ time of collection** is specified.
- 5. Ensure the **medicare number** field and **medicare declaration** at the bottom is signed by the patient.
- 6. The request should be accompanied by a letter detailing the reason for the ABO titre and the **type of transplant**. Noting where possible the stage of transplant at which the specimen was taken (eg. Preliminary workup, preapheresis, post-apheresis, post-transplant).
- 7. The name of the hospital and the transplant co-ordinator's name, telephone number and email address.
- 8. A **Blood Group and Antibody Screen** result is mandatory in order to perform the test appropriately. If this test has already been carried out please send a copy of the results with the ABO titre request.
- 9. Under "tests requested" ensure that the type of titre is included (ie. ABO Antibody titration using A1 cells, A2 cells and/or B cells). This will vary depending on the blood group of the DONOR. If a donor sample is to be sent then the name of the donor must be specified on the request form of the recipient, aswell the name of the recipient must be specified on the request form of the donor.

Fill the appropriate table on the request form

Attention: Bernadette Blayney / Lynette Ackerman			
Transplant: ABOi Renal		□ Bone Marrow □ Stem Cell/HPC □	
Sample: Donor □		Recipient	
Stage	Preliminary	Post-transplant □	Date of transplant:
	Pre-apheresis □	Post-apheresis	

- 10. Please notify us in advance when sending a sample. Contact details:

  Bernadette Blayney 9515 8597 <a href="mailto:bernadette.blayney@health.nsw.gov.au">bernadette.blayney@health.nsw.gov.au</a>
  Lynette Ackerman 9515 7817 <a href="mailto:lynette.ackerman@health.nsw.gov.au">lynette.ackerman@health.nsw.gov.au</a>
- 11. ABO Titres will not be performed after hours or on weekends, except by prior arrangement in exceptional circumstances.
- 12. Samples must be received within 48 hours of collection, store and transport chilled (approximately 2-10°C)

Clearly mark all shipments for delivery as 'Blood Sample for Titre' and send to:

Attn: Bernadette Blayney / Lynette Ackerman Blood Bank Laboratory Level 5, Building 77 Royal Prince Alfred Hospital Missenden Road Camperdown NSW 2050

Document Name: RPAH-Blood Bank-Forms-Operations- Requirements For ABO Titres

Authorised by: SHSIC

Version: 1.0
Print date: 29/07/2020