



Enquiries  
8:00am to 4:30pm  
+61 2 9234 2322 (phone)  
tsosegnsw@redcrossblood.org.au

ASHI accreditation: 02-9-AU-01-1 NATA accreditation: 18808  
Accredited for compliance with NPAAC Standards and ISO 15189

www.transfusion.com.au

Sample Delivery (24 hours)  
Dock A, Level 3 17 O'Riordan Street  
Alexandria NSW 2015

**Solid Organ Transplant Request Form**

**Urgent results:** Please contact the laboratory directly at the above **phone** number or **email** address.

<b>NTIS LABORATORY USE ONLY</b> (Affix Order ID Label)			
<b>TRANSPLANT RECIPIENT OR DONOR DETAILS</b> Please fill or affix the hospital label here – three forms of ID required			
SURNAME	DOB	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
GIVEN NAMES	MEDICARE No.	MRN	
ADDRESS	DIAGNOSIS	If <b>donor</b> , complete recipient details in LDD section below. (If samples are from the <b>donor</b> , then complete individual request forms for each family member)	
	<input type="checkbox"/> RECIPIENT <input type="checkbox"/> DONOR		
REFERRED BY	TRANSPLANT UNIT	CLINICAL UNIT	
<b>REPORT TO</b> (Access via OrganMatch)		<b>COPY OF REPORT TO</b> (Access via OrganMatch)	
NAME	NAME		
UNIT	UNIT		
<b>ORGAN REQUIREMENTS</b> (Tick both organs if combined)			
<input type="checkbox"/> KIDNEY <input type="checkbox"/> PANCREAS <input type="checkbox"/> PANCREAS ISLETS <input type="checkbox"/> HEART <input type="checkbox"/> LUNG <input type="checkbox"/> LIVER <input type="checkbox"/> OTHER (Please specify)			
<b>TESTING REQUIRMENTS</b>			
Tick from the following testing options.			
<b>TRANSPLANT WAITING LIST (TWL)</b> Ensure patients are registered in OrganMatch before sending samples.		<b>LIVING DIRECTED DONATIONS (LDD)</b> Ensure pairs are registered in OrganMatch and a booking request is emailed to <a href="mailto:tbookings@redcrossblood.org.au">tbookings@redcrossblood.org.au</a> before sending samples.	
<input type="checkbox"/> INITIAL TESTING (10mL ACD + 10mL Clot)	<input type="checkbox"/> STAGE 1 - VXM Recipient: 10mL ACD + 10mL Clot Donor: 10mL ACD	<input type="checkbox"/> POST-TRANSPLANT DONOR SPECIFIC ANTIBODY (DSA) HLA SCREEN (10mL Clot) <input type="checkbox"/> ROUTINE <input type="checkbox"/> REJECTION	
<input type="checkbox"/> VERIFICATION TESTING (10mL ACD + 10mL Clot)	<input type="checkbox"/> STAGE 2 – FXM Recipient: 10mL ACD + 10mL Clot Donor: 30mL ACD	<input type="checkbox"/> DAY OF TRANSPLANT HLA SCREEN (10mL Clot)	
<input type="checkbox"/> RE-ENTRY TESTING (10mL ACD + 10mL Clot)	<input type="checkbox"/> STAGE 3 – FINAL FXM Recipient: 10mL ACD + 10mL Clot Donor: 30mL ACD)	<input type="checkbox"/> OTHER HLA SCREEN (10mL Clot) (Please specify i.e., Pre/post-treatment, post-sensitisation)	
<input type="checkbox"/> DAY OF TRANSPLANT (Storage only) (10mL Clot)	<input type="checkbox"/> AUSTRALIAN KIDNEY EXCHANGE (KPD) (Contact laboratory for sample collection details)	<input type="checkbox"/> ANGIOTENSIN II TYPE 1 RECEPTOR (AT1R) (10mL Clot)	
<input type="checkbox"/> MONTHLY CLOTTED SAMPLE (10mL Clot)	TRANSPLANT RECIPIENT (Name & DOB)		
	RELATIONSHIP OF DONOR TO RECIPIENT		
<b>NOTES</b> (e.g., Sensitising events, Donor information, Treatments)			
<b>SAMPLE COLLECTION</b> Recommended transportation: <b>Whole blood samples:</b> Room temperature. <b>Separated serum samples:</b> <4°C. Samples should be received by the laboratory within 24 hours of collection. Ensure samples are packed in a secure container and the outside of the transport container is clearly labelled with the delivery address.			
COLLECTOR NAME	COLLECTION DATE	COMPLETED BY COLLECTOR	
SAMPLE TYPE: <input type="checkbox"/> Whole blood (ACD) <input type="checkbox"/> CLOT <input type="checkbox"/> OTHER (Please specify)	COLLECTION TIME		
PATIENT SIGNATURE (Confirming samples are labelled correctly)	DATE		
<b>PRACTITIONER (OR DELEGATE) SIGNATURE</b>		<b>DATE OF REQUEST</b>	