NEW SOUTH WALES TRANSPLANTATION AND IMMUNOGENETICS

Australian Red Cross Lifeblood®

RCPA The Royal College of Pathologists of Australasia

NATA

ASHI American Society for Histocompatibility & Immunogenetics

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

www.transfusion.com.au

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

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.

NTIS LABORATORY USE ONLY (Affix Order ID Label)	

TRANSPLANT RECIPIENT OR DONOR DETAILS	**Please fill or affix the hospital label here – three forms of ID required**			
SURNAME		DOB		☐ FEMALE ☐ MALE
GIVEN NAMES		MEDICARE No.		MRN
ADDRESS		DIAGNOSIS		
		☐ RECIPIENT ☐ DONOR	If **donor**, complete recipient details in LDD section below. (If samples are from the **donor,** then complete individual request forms for each family member)	
		TRANSPLANT UNIT		
REFERRED BY		CLINICAL UNIT		

REPORT TO (Access via OrganMatch)		**COPY OF REPORT TO** (Access via OrganMatch)	
NAME		NAME	
UNIT		UNIT	

ORGAN REQUIREMENTS (Tick both organs if combined)

☐ KIDNEY ☐ PANCREAS ☐ PANCREAS ISLETS ☐ HEART ☐ LUNG ☐ LIVER ☐ OTHER (Please specify)

TESTING REQUIRMENTS

Tick from the following testing options.

TRANSPLANT WAITING LIST (TWL) Ensure patients are registered in OrganMatch before sending samples.	**LIVING DIRECTED DONATIONS (LDD)** Ensure pairs are registered in OrganMatch and a booking request is emailed to ttbookings@redcrossblood.org.au) before sending samples.		**ANTIBODY SCREENING** All antibody screening testing requires 10mL Clot
☐ INITIAL TESTING (10mL ACD + 10mL Clot)	☐ STAGE 1 - VXM	Recipient: 10mL ACD + 10mL Clot Donor: 10mL ACD	☐ POST-TRANSPLANT DONOR SPECIFIC ANTIBODY (DSA) HLA SCREEN (10mL Clot) ☐ ROUTINE ☐ REJECTION
☐ VERIFICATION TESTING (10mL ACD + 10mL Clot)	☐ STAGE 2 – XM	Recipient: 10mL ACD + 10mLClot Donor: 10mL ACD	
☐ RE-ENTRY TESTING (10mL ACD + 10mL Clot)	☐ STAGE 3 – FINAL XM	Recipient: 10mL ACD + 10mL Clot Donor: 10mL ACD)	☐ DAY OF TRANSPLANT HLA SCREEN (10mL Clot)
☐ DAY OF TRANSPLANT (Storage only) (10mL Clot)	☐ AUSTRALIAN KIDNEY EXCHANGE (KPD) (Contact laboratory for sample collection details)		☐ OTHER HLA SCREEN (10mL Clot) (Please specify i.e., Pre/post-treatment, post-sensitisation)
☐ MONTHLY CLOTTED SAMPLE (10mL Clot)	TRANSPLANT RECIPIENT (Name & DOB)		
	RELATIONSHIP OF **DONOR** TO RECIPIENT		☐ ANGIOTENSIN II TYPE 1 RECEPTOR (AT1R) (10mL Clot)

NOTES (e.g., Sensitising events, Donor information, Treatments)

SAMPLE COLLECTION	**Recommended transportation: Whole blood samples: Room temperature. Separated serum samples: <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.**			COMPLETED BY COLLECTOR
COLLECTOR NAME		COLLECTION DATE		
SAMPLE TYPE: ☐ Whole blood (ACD) ☐ CLOT ☐ OTHER (Please specify)		COLLECTION TIME		
PATIENT SIGNATURE (Confirming samples are labelled correctly)		DATE		

PRACTITIONER (OR DELEGATE) SIGNATURE	**DATE OF REQUEST**