NEW SOUTH WALES TRANSPLANTATION AND IMMUNOGENETICS

Australian Red Cross Lifeblood

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

RCPA The Royal College of Pathologists of Australasia
NATA
ASHI American Society for Histocompatibility & Immunogenetics www.ashi-hla.org

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

Enquiries
8:00am to 4:30pm
+61 2 9234 2322 (phone)
+61 2 9234 2326 (fax)
ttsosegnsw@redcrossblood.org.au
www.transfusion.com.au
Sample bookings
ttbookings@redcrossblood.org.au

Solid Organ Transplant Request Form

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

LABORATORY USE ONLY

SPECIMEN ID	DATE AND TIME STAMP

TRANSPLANT RECIPIENT OR DONOR DETAILS

Please fill or affix the hospital label here – three forms of ID required

SURNAME (Please print)	DOB	○ FEMALE ○ MALE
GIVEN NAMES	MRN / MEDICARE No. (Circle and complete)	
ADDRESS		○ DONOR ○ RECIPIENT (please tick) If **donor**, complete recipient details below
		DIAGNOSIS
NAME OF TRANSPLANT **RECIPIENT** AND DOB (If samples are from the **donor** then complete individual request forms for each family member)		RELATIONSHIP OF **DONOR** TO RECIPIENT
REFERRED BY	CLINICAL UNIT	TRANSPLANT UNIT

REPORT TO	COPY OF REPORT TO
NAME	NAME
ADDRESS	ADDRESS
EMAIL	EMAIL

TESTING REQUIREMENTS

Refer to the website for sample volume requirements for paediatric patients or patients with low cell counts

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

☐ **Registration for Transplant Waiting List (TWL)** ☐ **Live Organ Transplant Workup (LOD)** ☐ **Australian Kidney Exchange (AKX) Program**

REGISTRATION FOR TRANSPLANT WAITING LIST (TWL)

☐ INITIAL TESTING (20mls ACD + 10ml Clot)	☐ RE-ENTRY (10mls ACD + 10ml Clot)
☐ CONFIRMATORY TESTING (20mls ACD + 10ml Clot)	☐ MONTHLY CLOTTED SAMPLE (10ml Clot)

LIVE ORGAN TRANSPLANT WORKUP (LDD)

Samples must be booked via ttbookings@redcrossblood.org.au

☐ STAGE 1 - VXM (Recipient: 10mls ACD + 10ml Clot. Donor: 10mls ACD)	PROPOSED TRANSPLANT DATE
☐ STAGE 2 – FXM (Recipient: 30mls ACD + 10ml CLOT. Donor: 30mls ACD)	
☐ STAGE 3 – FXM (Recipient: 30ml ACD + 10ml Clot. Donor: 30mls ACD)	

HLA DONOR-SPECIFIC ANTIBODY SPECIFICITY	CAUSE
☐ PRE-TRANSPLANT (10ml CLOT/SERUM) ▬ POST-TRANSPLANT (10ml CLOT/SERUM)	☐ ROUTINE ☐ BIOPSY or REJECTION

ADDITIONAL TESTING

☐ OTHER (Please specify)

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	DATE AND TIME OF COLLECTION	ACCESSION No.
PATIENT SIGNATURE (Confirming samples are labelled correctly)		DATE
SAMPLE TYPE: ☐ Whole blood (ACD) ☐ CLOT ☐ OTHER (Please specify)		

PRACTITIONER (OR DELEGATE) SIGNATURE	DATE OF REQUEST