

Desensitisation protocol

1. 6 plasma exchanges with albumin replacement and IVIG 0.5g/kg at the end of the last exchange
2. Luminex screen prior to the first exchange, then at the end of the last exchange though before IVIG is given.
3. Repeat Luminex screen 4 – 6 weeks after the last exchange

Solid Organ Transplant Request Form

For urgent results please contact the laboratory on 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 HOSPITAL LABEL HERE - THREE FORMS OF ID REQUIRED)			
SURNAME: (Please print)		DOB:	RECIPIENT <input checked="" type="checkbox"/> DONOR <input type="checkbox"/>
GIVEN NAMES:		MRN	IF DONOR ,PLEASE COMPLETE RECIPIENT DETAILS BELOW
ADDRESS:		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
		DIAGNOSIS:	
NAME OF TRANSPLANT RECIPIENT AND DOB: (if above samples are from the donor- individual request forms are required for each family member)		RELATIONSHIP OF DONOR TO RECIPIENT:	
REFERRED BY:	CONTACT NUMBER:	TRANSPLANT HOSPITAL:	
REPORT TO:		COPY OF REPORT TO:	
NAME:		NAME: TANIA BURNS	
ADDRESS: 50 MONTGOMERY STREET, KOGARAH, 2217		ADDRESS:	
EMAIL:		EMAIL: tania.burns@health.nsw.gov.au	
TESTING REQUIREMENTS: REFER TO WEBSITE REGARDING SAMPLE VOLUME FOR PAEDIATRIC PATIENTS OR PATIENTS WITH LOW CELL COUNTS			
ORGAN: <input checked="" 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			
<input type="checkbox"/> REGISTRATION FOR TRANSPLANT WAITING LIST (TWL)	<input type="checkbox"/> LIVE ORGAN TRANSPLANT WORKUP (LOD)	<input type="checkbox"/> AUSTRALIAN KIDNEY EXCHANGE (AKX) PROGRAM	
REGISTRATION FOR TRANSPLANTATION WAITING LIST (TWL):			
<input type="checkbox"/> INITIAL TESTING (20MLS ACD + 10ML CLOT)		<input type="checkbox"/> RE-ENTRY (20MLS ACD + 10ML CLOT)	
<input type="checkbox"/> CONFIRMATORY TESTING (20MLS ACD + 10ML CLOT)		<input type="checkbox"/> MONTHLY CLOTTED SAMPLE (10ML CLOT)	
HLA DONOR SPECIFIC ANTIBODY SPECIFICITY:		CAUSE:	
<input type="checkbox"/> PRE-TRANSPLANT (10ML CLOT/SERUM)		<input type="checkbox"/> ROUTINE	
<input type="checkbox"/> POST-TRANSPLANT (10ML CLOT/SERUM)		<input type="checkbox"/> BIOPSY OR REJECTION	
ADDITIONAL TESTING:			
<input checked="" type="checkbox"/> OTHER (PLEASE SPECIFY): SAG 1 AND 2 PRE-DESENSITISATION (10ML CLOT)			
SAMPLE COLLECTION	RECOMMENDED TRANSPORTATION - WHOLE BLOOD SAMPLES : ROOM TEMPERATURE. SEPARATED SERUM SAMPLES : <4°C. SAMPLES SHOULD BE RECEIVED BY 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:		DATE AND TIME OF COLLECTION:	ACCESSION No:
PATIENT SIGNATURE		DATE:	
SAMPLES HAVE BEEN LABELLED CORRECTLY:			
SAMPLE TYPE: <input type="checkbox"/> WHOLE BLOOD (ACD) <input type="checkbox"/> CLOT <input type="checkbox"/> OTHER (SPECIFY)			
PRACTITIONER/DELEGATE SIGNATURE		DATE OF REQUEST	

TO BE COMPLETED BY COLLECTOR

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<input type="checkbox"/> POST-TRANSPLANT (10ML CLOT/SERUM)	<input type="checkbox"/> BIOPSY OR REJECTION	
ADDITIONAL TESTING:		
<input checked="" type="checkbox"/> OTHER (PLEASE SPECIFY): SAG 1 AND 2 IMMEDIATE POST-DESENSITISATION (10ML CLOT)		
SAMPLE COLLECTION	RECOMMENDED TRANSPORTATION - WHOLE BLOOD SAMPLES : ROOM TEMPERATURE. SEPARATED SERUM SAMPLES : <4°C. SAMPLES SHOULD BE RECEIVED BY 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	
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