

NEW SOUTH WALES TRANSPLANTATION AND IMMUNOGENETICS SERVICE



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Website www.transplantservices.com.au

Transplant Services – New South Wales

Dock A, Level 3, 17 O’Riordan Street, Alexandria, Sydney NSW 2015

Dr C Hogan

SURNAME (Please print)

GIVEN NAMES

DOB

/ /

SEX

ADDRESS

TELEPHONE

UR No

Name of Collector, Date and Time

TRANSPLANT CENTRE PRINCE OF WALES (ST GEORGE PATIENT)

TT Specimen No. and Date (for lab use only)

REQUESTING DOCTOR

PROVIDER No

SURNAME AND INITIALS

ADDRESS 50 MONTGOMERY STREET, KOGARAH, NSW

POSTCODE

2217

TELEPHONE 9113 2622

FACSIMILE 9553 8192

REPORTS TO BE SENT TO

NAME

ADDRESS

TELEPHONE

FACSIMILE

NAME

ADDRESS

TELEPHONE

FACSIMILE

CLINICAL NOTES

PROVISIONAL DIAGNOSIS

REASON FOR REQUEST/TYPE OF TRANSPLANT

RENAL TRANSPLANT

HLA antibodies for DSA

TEST/S REQUESTED (Please see reverse for code list)

Luminex by SAG for DSA

(10ml clotted sample)

* URGENT * Same day result

(must notify laboratory prior)

PLEASE COMPLETE RECIPIENT DETAILS BELOW IF SPECIMEN ABOVE IS FROM A POTENTIAL DONOR:

PATIENT NAME

PATIENT DOB

/ /

RELATIONSHIP OF DONOR TO PATIENT

FOR NON-TRANSPLANT/TRANSFUSION TESTING

ACCOUNT TO BE SENT TO (please tick) N/A

PATIENT

INTERHOSPITAL

PRIVATE PATH

ORIGINAL COPY