

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

ASHI accreditation: 02-9-AU-01-1
NATA accreditation: 18808

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Authorisation to Release Results

I hereby authorise the release of all Transplantation and Immunogenetics reports for patient and family members as outlined below.

Patient Details

Name		Date of birth	
MRN		Family number	

Releasing Physician/Delegate

Name			
Hospital			
Signature		Date	

Release To

Physician	
BMT coordinator	
Hospital	

Please indicate below your preference for receiving Transplantation and Immunogenetics reports:

- ☐ No, I no longer wish to receive HLA typing reports for this patient.
- ☐ Yes, please continue to include me as a recipient for all future reports.