NEW SOUTH WALES TRANSPLANTATION AND IMMUNOGENETICS

Australian Red Cross Lifeblood

RCPA The Royal College of Pathologists of Australasia

NATA WORLD RECOGNISED ACCREDITATION

ASHI American Society for Histocompatibility & Immunogenetics www.ashi-hla.org

Enquiries
8:00am to 4:30pm
+61 2 9234 2322 (phone)
+61 2 9234 2326 (fax)

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

ttreportingnsw@redcrossblood.org.au
www.transfusion.com.au

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

Stem Cell Transplant Request Form

Urgent results: Contact the laboratory directly on the above phone number or email address.

LABORATORY USE ONLY

SPECIMEN ID	DATE AND TIME STAMP	FAMILY NUMBER

TRANSPLANT RECIPIENT OR DONOR DETAILS

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

SURNAME (Please print)	DOB	○ FEMALE ○ MALE
GIVEN NAMES	MRN / MEDICARE No. (Circle and complete) ○ ○	
ADDRESS	○ DONOR ○ POTENTIAL RECIPIENT If **donor**, complete recipient details below	
	DIAGNOSIS	
NAME OF **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	REFERRING HOSPITAL	TRANSPLANT HOSPITAL

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

TYPE OF TRANSPLANT (if known): ☐ **Matched Related** ☐ **Unrelated (MUD/CORD)** ☐ **Haplo-Identical Transplant**

☐ PRE TRANSPLANT SAMPLES ☐ POST TRANSPLANT SAMPLES

☐ INITIAL HLA TYPING (Recipient: 20ml ACD. Donor: 20ml ACD) (including parental haplotype determination)	☐ VERIFICATION HLA TYPING (Recipient and Donor: 20ml ACD + 10ml CLOT)
☐ HLA ANTIBODY SCREEN (10ml CLOT)	☐ HLA ANTIBODY SPECIFICITY: ☐ HLA-CLASS I ☐ HLA-CLASS II (10ml CLOT)
☐ TRANSPLANT PRE-SCREEN FOR HLA ANTIBODIES (10ml CLOT)	☐ OTHER (Please specify)

TRANSPLANT HISTORY OR SENSITISING EVENTS

EVENT	DATE	DONOR USED FOR TRANSPLANT

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

COMPLETED BY COLLECTOR

COLLECTOR NAME	DATE AND TIME OF COLLECTION	ACCESSION No.
PATIENT (or delegate) SIGNATURE (Confirming samples are labelled correctly)		DATE

SAMPLE TYPE: ☐ Whole blood (ACD) ☐ CLOT ☐ OTHER (Please specify)

PRACTITIONER (OR DELEGATE) SIGNATURE	DATE OF REQUEST