

# NEW SOUTH WALES TRANSPLANTATION AND IMMUNOGENETICS



**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

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

DL-NSWTTTCBO@redcrossblood.org.au  
[www.transplantservices.com.au](http://www.transplantservices.com.au)

## Sample and Volume Requirements

### REQUEST FORM:

Request forms and sample labels must be completed accurately and have legible handwriting. Alternatively, the request form can be filled out online or a hospital label can be used.

Information on the form must match that on the sample tube(s).

Ensure that all tubes, at a minimum, are clearly labelled with:

- The patients full name (family name and given names),
- Date of birth
- And date of collection, as indicated on the request form.

Ensure the request form contains a minimum of three forms of unique identifiers (for example: full name, date of birth, MRN, Medicare number)

***If these are not provided, testing may be delayed.***

### DELIVERIES:

Samples should be sent to: **Transplantation & Immunogenetics Services – NSW**  
Australian Red Cross Blood Service  
Dock A – Blood Inwards  
17 O'Riordan Street  
ALEXANDRIA NSW 2015

### SPECIMENS:

Samples (other than frozen samples) should be maintained at room temperature.

**The quality of typing cannot be guaranteed for samples that are not received at room temperature or not received within 24 hours of collection.**

Samples sent for crossmatching prior to living renal transplantation must be pre-booked. Please email [ttcbo@redcrossblood.org.au](mailto:ttcbo@redcrossblood.org.au)

### SOLID ORGAN TRANSPLANTATION

Testing	Request	Specimen	Volume	Collection
Recipient entry- NSW/ACT waiting list *Activation form requested	TWL- entry	Whole blood	30 mL	ACD tubes
		clot	10mL	With gel
Monthly serum sample for solid organ crossmatch trays (not required for Liver transplantation)	Monthly	clot	10mL	With gel

**For paediatric volumes please call the lab on (02) 9234 2351**

### LIVE DONOR KIDNEY WORKUPS

Testing	Request	Specimen	Volume	Collection
Recipient	Stages 1, 2 and 3	Whole Blood	40 mL	ACD tubes
		Clot	10 mL	With gel
Live Donor	Stages 1, 2 and 3	Whole Blood	40 mL	ACD tubes

### BONE MARROW TRANSPLANTATION

Testing	Request	Specimen	Volume	Collection
Initial patient testing	Initial	Whole Blood	20 mL	ACD tubes
Related donor testing	Family members	Whole Blood	20 mL	ACD tubes
Verification patient testing	VT	Whole Blood	20 mL	ACD tubes
		Clot	10 mL	With gel
Verification related donor testing	VT	Whole Blood	20 mL	ACD tubes
		Clot	10 mL	With gel
Refractoriness to Platelet Transfusion		Clot	10 mL	Clot – no gel
		Patient WBC ct >1x10 <sup>9</sup> /L	20 mL	ACD
		Patient WBC ct <1x10 <sup>9</sup> /L	40 mL	ACD

**Paediatrics patients/donors: Initial and verification testing – 1ml/ACD/birth year up to 8yo, (+ 0.5 mL serum for patients at VT).**

### PLATELET IMMUNOLOGY

Refer to:  
National - Platelet and Neutrophil Sample Collection Guidelines

[https://transfusion.com.au/transplantation\\_services](https://transfusion.com.au/transplantation_services)