

TEST REQUISITION FORM

TRANSPLANT IMMUNOLOGY

PATIENT DETAILS

Full Name _____ Age _____ Blood Group _____
 Sex Male Female Others **Ethnicity** _____
 E-mail ID* _____ Contact No _____
 Disease _____

PATIENT SAMPLE INFORMATION

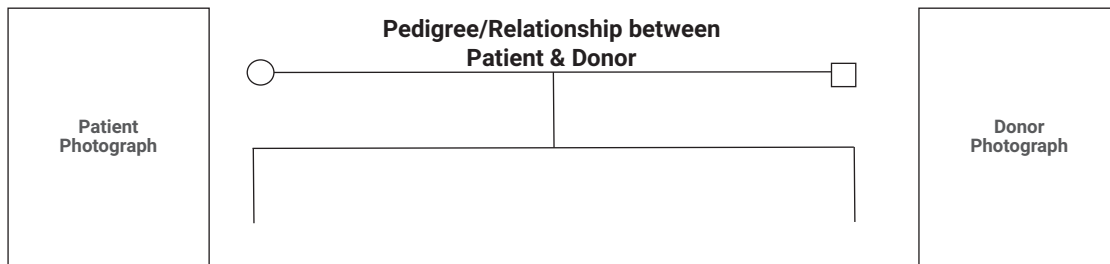
Full Name _____
 Collection Date _____ Time _____ Contact No _____
 Requesting Physician _____ Ethnicity _____

DONOR DETAILS

Full Name _____ Age _____ Blood Group _____
 Sex Male Female Others **Ethnicity** _____
 E-mail ID* _____ Contact No _____

Mandatory Documents of Patient & Donor :

Aadhar Card Voter ID Birth Certificate Ration Card PAN Card



Send Report To _____
 Address _____
 City _____ State _____ Zip Code _____
 E-mail ID _____ Contact No. _____

PATIENT MEDICAL INFORMATION

Does the patient have an autoimmune disease (i.e.:Lupus) Yes No **If yes, specify** _____
Medical Diagnosis (specify) _____
 Previous Transplant Yes No **Organ** _____ **Donor ID** _____ **Tx Date** _____
 Did the patient receive blood products (ever) ? Yes No Unknown **Date last received** _____
 Did the patient have pregnancies / miscarriages? Yes No Unknown **# of Pregnancies / Miscarriages** _____
 Did the patient receive any antibody based therapy (i.e. ATG, IVIg, Rituximab, Basiliximab, etc.)? Yes No
Specify _____ **Date last received** _____

TEST REQUESTED FOR

NGS BASED TYPING (HIGH RESOLUTION) [SPECIMEN : 8 ML EDTA BLOOD SAMPLE (PURPLE TOP), TAT - 7 DAYS]

- HLA typing A, B, C,DR & DQ (DPB - if required) HLA G

LUMINEX BASED TYPING (LOW RESOLUTION) [SPECIMEN : 8 ML EDTA BLOOD SAMPLE (PURPLE TOP), TAT - 3 DAYS]

- HLA typing A,B,C,DR & DQ HLA (DRB1 / DQA1)
 HLA typing A, B, DR HLA B5*(51/52)
 HLA typing DRB3,DRB4 & DRB5 HLA-DQB1 (DQ2/DQ8) and HLA-DQA1 for Celiac Disease

SPECIMEN : DONOR - 10ML HEPARIN SAMPLE (GREEN TOP) RECIPIENT - 4 ML PLAIN TUBE / ECD TUBE SERUM SAMPLE (RED TOP OR YELLOW TOP) - TAT - 3 DAYS

- Compliment dependent cross-matching (CDC crossmatching)
- Total Lymphocyte cross-matching
 - T cell lymphocyte cross-matching- AHG*
 - B cell lymphocyte cross-matching- AHG*
 - Auto patient's cross-matching
 - Auto donor cross-matching
 - DTT treated serum cross-matching
- * Anti-human globulin (AHG) crossmatch"**
- Donor Specific Antibody (DSA) By Luminex
- Flow cytometry cross-matching :
- T cell lymphocyte
 - B cell lymphocyte

SPECIMEN : RECIPIENT - 4 ML PLAIN TUBE (RED TOP) ECD TUBE SERUM SAMPLE (RED TOP OR YELLOW TOP) - TAT - 3 DAYS

- Panel reactive antigen HLA-Class-I and HLA-Class-II (PRA) By Luminex: Antibody Screening for HLA Class-I & Class-II (Labscreen)
- Single antigen panel for HLA-Class I and HLA-Class (SAP) (By Luminex): Single MICA Antigen Panel

DISEASE ASSOCIATION - SPECIMEN : 10 ML EDTA (PURPLE TOP), TAT - 3 DAYS

- HLA-A 2901/2902 for Birdshot Retinopathy HLA-B*27 for Ankylosing Spondylitis
- HLA-B*51 for Behcet's Disease HLA-B*5701 for Abacavir Sensitivity
- HLA-DQB1*0602 for Narcolepsy HLA*15:02 (Carbamazepine)
- HLA-B*5801 for Allopurinol Induced Stevens-Johnson Syndrome Risk HLA-DQB1(DQ2/DQ8) and HLA-DQA1 for Celiac Disease Risk
- HLA-DRB1*1501/1502 for Anti-glomerular Basement Membrane Disease
- DNA Profiling for Patient and Donor Relationship Establishment (STR Analysis)

HLA TYPING-CUSTOMIZED - SPECIMEN : 10 ML EDTA

- Molecular Typing-Single Locus (specify) Locus: _____
- Resolution : High Low

* The Participant has consent for samples to be stored for further investigations/diagnosis/research for a limited period of time.

All HLA Typing services include DNA extraction and storage.

* Sample should be freshly collected.

* Sample should be collected after 4hour fasting

Patient Name:

Consultant Name:

Date:

Place:

Date:

Place:

Signature:

Signature:

REMARKS

For office use only Rec'd Date & Time	Tech Initials	# ACD	# Clots	# Na Heparin	Comment