200 Elizabeth St Toronto Ontario M5G 2C4

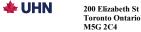
UHN HLA Lab Requisition HSC - Solid Organ Transplant

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Version: 1.8 Activated Oct. 22, 2019

	Name:				
UHN Regional Histocompatibility Lab		MRN:			
UHN Regional Histocompatibility Lab					
Testing Requisition – Solid Organ Transplant HSC UHN-HLA Laboratory		DOB:			
200 Elizabeth Street, 11E-444					
Toronto, Ontario M5G 2C4	Sex:				
416.340.4995 Fax 416.340.3133	J GOX.	Attach addres	ssograph here if a	vailable.	
Requesting MD: FAX report to: ABO gr	roup:	, maon diadresocy, april 11010 in a ramazio.			
TGLN #	# :				
Organ: [] Kidney [] Heart [] Lung [] K/P [] PAK/P [] SB [] Liver [] Recipient [] KPD If KPD provide TR#: [] Donor [] Deceased [] Living [] KPD If KPD provide: TR#:		Draw Date:	Draw Time:	Draw ID:	
If donor sample, relationship to recipient: Medication(s) interfering with testing (check and indicate <i>date of last dose</i>):					
Thymoglobulin (ATG) Rituximab(Rituxan®)		Basiliximab/Dacluzimab		IVIG	
Initial Recipient Workup	<u>-</u>	Red Top 10 CC (serum):	2cc if <5 years, 5cc if >5 years		
PRA testing, HLA Typing		AND Yellow Top 10 CC (ACD):	200 ii 10 years, eee	ii - o youro	
HLA Typing only		Yellow top tube (ACD)	10cc if >5 yrs – 5cc if <5 yrs		
PRA / Antibody specificity Testing Choose: [] Quarterly testing for deceased donor waitlist patients [] Post transplant testing [] Other – reason:		Red top tube (serum):	2cc if <5 years, 5cc if >5 years		
Auto – Crossmatch only		Red Top 10 cc (serum): AND Yellow Top 20 CC (ACD)	2cc if <5 years, 5cc if >5 years		
Allo – Crossmatch with Organ Donor Donor name (if living): Mandatory donor TGLN# (for all living or DD):		Red top tube (serum):	2cc if <5 years, 5cc if >5 years		
If DD please specify: [] STAT (done for Patients with detectable PRA history OR a recent sensitizing event). [] Routine		Yellow top tube (ACD):	10cc if >5 yrs – 5cc if <5 yrs		
Send Samples at Room Temperature to: UHN-HLA Laboratory 200 Elizabeth Street, 11E-444 (Mon-Fri 8am-5 pm) TGH Core Lab Specimen Management 3E-347 (Mon-Fri 5pm-8am and weekends)					
Additional Testing Information or Tests Requested / Questions:					
Patient History: please be as thorough as possible to assist in interpretation Principal Diagnosis:					
Current pt status: [] Pre-tx [] Post-tx Tx Date:					
Prior transplant? []Y []N Date: Allograft Nephrectomy? []					
Recent blood transfusion: []Y[]N Date	nancy history:				
Is patient desensitized?					
Acute rejection? []Y []N C4d: [] Pos [] Neg Date diagnosed: Grade/details:					
Chronic rejection []Y []N C4d: [] Pos [] Neg Date diagnosed: Grade/details:					
Ordering MD Name:	Requisition filled in by:		1		
Ordering MD Signature:	C	Contact number:			



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UHN Regional Histocompatibility LabSickKids Testing Requisition – Solid Organ Transplant interpretation:

Initial Recipient Workup	Recipient HLA typing. May be done alone or in combination with crossmatch. If a crossmatch is to be done at the same time, then: Please check Allo – Crossmatch with Kidney Donor A separate donor sample and requisition must be sent at the same time.		
PRA / Antibody Specificity testing	 Screens for presence/absence of HLA Ab and gives a PRA result. If HLA Ab are present, single Ag bead testing may be done to determine all the specificities. If single antigen bead testing is required as the first test, reason / history must be provided as indicated. 		
Quarterly PRA testing	For routine quarterly PRA testing for waitlisted KIDNEY patients: As for above, plus serum is reserved on trays for crossmatch against deceased donors.		
HLA Typing	Low resolution HLA A, B, C, DR, DQ, DP Typing. (full typing or selected loci) May be done alone or in combination with crossmatch.		
Allo – Crossmatch with Kidney Donor	 Crossmatch and autocrossmatch as needed, between recipient and selected donor. Please indicate if sample submitted with this requisition is a donor or recipient sample. Note separate requisitions needed for donor and recipient. If donor sample sent alone, crossmatch will be done with most recent recipient serum in lab. Please indicate the type of crossmatch required. Titers may be ordered on patients known to have a positive donor crossmatch For pre deceased donor crossmatches, please indicate STAT or Non-STAT 		
STAT Prospective XM for High Risk Deceased Donor Recipient	For High PRA and/or DSA Pos Patients: T and B cell XM on current and peak PRA serum is done and results are available prior to Tx OR. PRA is done non-stat and reported out after transplant.		
Non-STATXM for Low risk Deceased Donor Recipient	For low immunologic risk recipients: T and B cell XM may be performed the next working day along with PRA and reported out post transplant.		

Lab will determine the appropriate technique based on patient testing history as a default.

Lab may also change technique from the original order if an alternative is felt to be preferable but will discuss with ordering clinician before doing so.

Autocrossmatch included for recipient at least once at initial crossmatch.

You may request testing on current serum sent with requisition but also on prior serum that we have in the lab. Indicate whether pre-transplant or another date serum is to be tested concurrently.