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| 200 Elizabeth St<br>Toronto Ontario<br>M5G 2C4 | UHN HLA Lab Requisition HSC - Solid<br>Organ Transplant |                                      | Page 1 of 2 |
|  | Document No.: PHL05110G                                 | Version: 1.8 Activated Oct. 22, 2019 |             |

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

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## UHN Regional Histocompatibility Lab

### SickKids Testing Requisition – Solid Organ Transplant interpretation:

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| Initial Recipient Workup  | Recipient HLA typing.<br>May be done alone or in combination with crossmatch .<br>If a crossmatch is to be done at the same time, then: <ul style="list-style-type: none"> <li>• Please check Allo – Crossmatch with Kidney Donor</li> <li>• A separate donor sample and requisition must be sent at the same time.</li> </ul>  |
| PRA / Antibody Specificity testing  | <ul style="list-style-type: none"> <li>• 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.</li> <li>• If single antigen bead testing is required as the first test, reason / history must be provided as indicated.</li> </ul>   |
| 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)<br>May be done alone or in combination with crossmatch.   |
| Allo – Crossmatch with Kidney Donor   | <ul style="list-style-type: none"> <li>• Crossmatch and autocrossmatch as needed, between recipient and selected donor.</li> <li>• Please indicate if sample submitted with this requisition is a donor or recipient sample.</li> <li>• Note separate requisitions needed for donor and recipient.</li> <li>• If donor sample sent alone, crossmatch will be done with most recent recipient serum in lab.</li> <li>• Please indicate the type of crossmatch required.</li> <li>• Titers may be ordered on patients known to have a positive donor crossmatch</li> <li>• For pre deceased donor crossmatches, please indicate STAT or Non-STAT</li> </ul> |
| STAT Prospective XM for High Risk Deceased Donor Recipient  | <ul style="list-style-type: none"> <li>• 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.</li> <li>• PRA is done non-stat and reported out after transplant.</li> </ul>  |
| Non-STATXM for Low risk Deceased Donor Recipient  | <ul style="list-style-type: none"> <li>• 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.</li> </ul>   |
| Lab will determine the appropriate technique based on patient testing history as a default.<br>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.<br>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.   |   |