

 <p>UHN Regional Histocompatibility Lab Saint Michael's Hospital – Solid Organ Transplant UHN-HLA Laboratory 200 Elizabeth Street, 11E-444 Toronto, Ontario M5G 2C4 416.340.4995 Fax 416.340.3133 <i>Samples accepted at this address Monday to Friday 9 am-5pm</i></p> <p><i>Samples accepted at Toronto General Hospital Core Lab Specimen Management 3E-347 (Mon-Fri 5pm-8am and weekends)</i></p>		Name: _____ MRN: _____ DOB: _____ Sex: _____ Attach addressograph here if available.		
Requesting MD:	FAX report to:	ABO group: _____ TGLN #: _____		
<input type="checkbox"/> Recipient <input type="checkbox"/> KPD If KPD provide TR: _____ <input type="checkbox"/> Donor <input type="checkbox"/> Deceased <input type="checkbox"/> Living <input type="checkbox"/> 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 date of last dose):				
<input type="checkbox"/> Thymoglobulin (ATG) <input type="checkbox"/> Rituximab (Rituxan®) <input type="checkbox"/> Basiliximab / Dacluzimab <input type="checkbox"/> IVIG				
Initial Recipient Workup PRA testing, HLA Typing		Red top tube (serum): AND Yellow top tube (ACD): (MUST be heparin free)	10 cc 10 cc	
HLA Typing only		Yellow top tube (ACD) (MUST be heparin free)	10 cc	
PRA / Antibody specificity Testing Choose: <input type="checkbox"/> Quarterly testing for deceased donor waitlist patients <input type="checkbox"/> Post transplant testing <input type="checkbox"/> Other – reason: _____		Red top tube (serum):	10 cc	
Auto – Crossmatch only		Red top tube (serum): AND Yellow top tube (ACD)	10 cc Minimum 20 cc	
Allo – Crossmatch with Kidney Donor Donor name (if living): _____ Mandatory Donor TGLN# (for all living or DD): _____ Choose: <input type="checkbox"/> VXM/INITAL <input type="checkbox"/> Repeat <input type="checkbox"/> Final Flow Choose: (deceased donor only) <input type="checkbox"/> STAT <input type="checkbox"/> Non-STAT (VXM)		Yellow top tube (ACD):	50 cc	
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, weekends and holidays)				
Additional Testing Information or Tests Requested / Questions: _____				
Patient History: please be as thorough as possible to assist in interpretation			Principal Diagnosis: _____	
Recent blood transfusion: <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____			Pregnancy history: _____	
Is patient desensitized? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> PRA <input type="checkbox"/> ABO <input type="checkbox"/> Both				
Plasmapheresis? <input type="checkbox"/> Y <input type="checkbox"/> N Dates (most recent): _____				
Ordering MD Name: _____			Requisition filled in by: _____	
Ordering MD Signature: _____			Contact number: _____	

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Saint Michael's Hospital – Solid Organ Transplant interpretation:

Initial Recipient Workup	<p>Recipient HLA typing. May be done alone or in combination with crossmatch. If a crossmatch is to be done at the same time, then:</p> <ul style="list-style-type: none"> • Please check Allo – Crossmatch with Kidney Donor • A separate donor sample and requisition must be sent at the same time.
PRA / Antibody Specificity testing	<ul style="list-style-type: none"> • 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. •
Quarterly PRA testing	For routine quarterly PRA testing for waitlisted KIDNEY patients
HLA Typing	<p>Low resolution HLA A, B, C, DR, DQ, DP Typing. (full typing or selected loci) May be done alone or in combination with crossmatch.</p>
Allo – Crossmatch with Kidney Donor	<ul style="list-style-type: none"> • 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. • For pre deceased donor crossmatches, please indicate STAT or Non-STAT
STAT Prospective XM for High Risk Deceased Donor Recipient	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.
<p>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.</p>	
<p>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.</p>	