	Unive	rsily 200 Elizabeth St	UHN HLA Lab Requ	isition SN	AH and	TGH -		
	Health Network Toronto Ontario M5G 2C4		Quarterly Samples				Page 1 of 2	
			Document No.: PHL05110X		Version: 1.1 Current			
		gional Hist	ocompatibility Lab	Name:				
	UHN / SMH Kidney Transplant Program UHN-HLA Laboratory			MRN:				
	200 Elizabet	h Street, 11E-444 ario M5G 2C4		DOB:				
R	416.340.499	5 Fax 416.340.31 ccepted here Mol	Sex:					
	Samples accepted at the UHN Core Lab Specimen Management 3E-347 (Mon-Fri 5pm-8am, all day weekends and holidays)							
Requesting MD (Circle): FAX report to: Dr. J Schiff (TGH)								
			ABO group:					
Dr. R. Prasad (SMH)		TGLN #:						
				Draw Date	e:	Draw Time:	D	raw ID:
Thymoglo	bulin (ATG)	, <u> </u>	ndicate <i>date of last dose</i> ): nab (Rituxan®)	Basiliximab / Da	acluzimab			G
	A / Antiboo	<b>ly specificity</b> T sting for deceased		ed top tube (se	erum):	10cc		

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 / Ques	stions:

Patient History: please be as thorough as possible to assist in interpretation Principal Diagnosis:

Recent blood transfusion:	[ ]Y [ ]N	Date:	Pregnancy history:
Is patient desensitized?	[ ]Y [ ]N	[]PRA []ABO []Both	
Plasmapheresis?	[ ]Y [ ]N	Dates (most recent):	
Ordering MD Name:			Requisition filled in by:
Ordering MD Signature:			Contact number:

		Toronto Ontario	UHN HLA Lab Requisition SM Quarterly Samples	/H and TGH -	Page 2 of 2
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## UHN Regional Histocompatibility Lab Solid Organ Transplant interpretation:

Initial Recipient Workup	<ul> <li>Recipient HLA typing.</li> <li>May be done alone or in combination with crossmatch.</li> <li>If a crossmatch is to be done at the same time, then:</li> <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> <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> </ul>	
Quarterly PRA testing	For routine quarterly PRA testing for waitlisted KIDNEY patients	
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	<ul> <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>For pre deceased donor crossmatches, please indicate STAT or Non-STAT</li> </ul>	
STAT Prospective XM for High Risk Deceased Donor Recipient	<ul> <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> <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 may also change technique from t clinician before doing so. Autocrossmatch included for recipient	nique based on patient testing history as a default. he original order if an alternative is felt to be preferable but will discuss with ordering 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.		