



**UHN Regional Histocompatibility Lab**  
**UHN Kidney Transplant Program**  
**Thunder Bay Referral**

*UHN-HLA Laboratory*  
 200 Elizabeth Street, 11E-444  
 Toronto, Ontario M5G 2C4  
 416.340.4995 Fax 416.340.3133  
 Samples accepted here Monday to Friday from 8 am – 5 pm

*Samples accepted at TGH Core Lab, Specimen Management*  
 3E-347 (Mon-Fri 5pm-8am and weekends)

Name:

MRN:

DOB:

Sex:

Requesting MD:	FAX report to:	ABO group:
		TGLN #:

<input type="checkbox"/> Recipient <input type="checkbox"/> KPD <input type="checkbox"/> Donor <input type="checkbox"/> Deceased <input type="checkbox"/> Living <input type="checkbox"/> KPD	If KPD provide TR: _____ If KPD provide: TR: _____	Draw Date:	Draw Time:	Draw ID:
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If donor sample, relationship to recipient:

Medication(s) interfering with testing (check and indicate **date of last dose**):

Thymoglobulin (ATG)
  Rituximab (Rituxan®)
  Basiliximab / Dacluzimab
  IVIG

Check boxes to order.

<b>Initial Recipient Workup</b> PRA testing, HLA Typing	Red top tube (serum): AND Yellow top tube (ACD): (MUST be heparin free)	10cc  10cc
<b>HLA Typing only</b>	Yellow top tube (ACD) (MUST be heparin free)	10 cc
<b>PRA / Antibody specificity Testing</b> 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):	10cc
<b>Crossmatch with Kidney Donor</b>  Donor name (if living): _____ <b>Mandatory Donor TGLN#</b> (for all living or DD): _____  Choose: <input type="checkbox"/> Initial VXM <input type="checkbox"/> Final Cell XM	Red top tube (serum):	10cc
	Yellow top tube (ACD):	50cc

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:

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:

## UHN Regional Histocompatibility Lab

### 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"> <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>•</li> </ul>
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"> <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 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>
<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>	