

 <p>UHN Regional Histocompatibility Lab Testing Requisition – Solid Organ Transplant UHN-HLA Laboratory 200 Elizabeth Street, 11E-444 Toronto, Ontario M5G 2C4 416.340.4995 Fax 416.340.3133 Samples accepted at this address Monday to Friday 9 am-5pm</p> <p>Samples accepted at Toronto General Hospital Core Lab Specimen Management 3E-347 (Mon-Fri 5pm-8am and weekends)</p>		Name:	
Requesting MD:		MRN:	
FAX report to:		DOB:	
ABO group:		Sex:	
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 date of last dose):			
<input type="checkbox"/> Thymoglobulin (ATG) <input type="checkbox"/> Rituximab(Rituxan®) <input type="checkbox"/> Basiliximab/Dacluzimab <input type="checkbox"/> IVIG			
Check to order in white boxes only. See reverse side for details of each testing battery.			
Initial Recipient Workup (Includes PRA testing, HLA Typing and Autocrossmatch) <i>Note that if insufficient ACD sample is received, autocrossmatch will not be performed. It can be done at a later time if needed.</i>		Red top tube (serum):	2cc if <5 years, 5cc if >5 years
		Yellow top tube (ACD) (MUST be heparin free)	10cc if >5 yrs 5cc if >5 yrs
HLA Typing only		Yellow top tube (ACD) (MUST be heparin free)	10cc if >5 yrs – 5cc if <5 yrs
PRA Testing only _____ Note above if single Ag bead testing or DSA comment needed - please provide relevant history below.		Red top tube (serum):	2cc if <5 years, 5cc if >5 years
Auto – Crossmatch only		Red top tube (serum):	2cc if <5 years, 5cc if >5 years
		Yellow top tube (ACD)	10cc if >5 yrs – 5cc if <5 yrs
Allo – Crossmatch with Organ Donor Donor name (if living): _____ Mandatory donor TGLN# (for all living or DD): _____ If DD please specify : [] STAT (done for Patients with detectable PRA history OR a recent sensitizing event). [] Routine		Red top tube (serum):	2cc if <5 years, 5cc if >5 years
		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:	Pregnancy history:
Is patient desensitized? [Y] [N] [] PRA [] ABO [] Both	
Plasmapheresis? [Y] [N] Dates (most recent):	

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:
Ordering MD Signature:	Contact number:

**UHN Regional Histocompatibility Lab
SickKids Testing Requisition – 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. • 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	<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. • 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	<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>	