

REQUEST FOR TISSUE TYPING BONE MARROW TRANSPLANT PATIENT TESTING

• Bone Marrow Transplant Patients

National Tissue Typing Laboratory

NZ Blood Service
Private Bag 92071
Victoria Street West
Auckland 1142
NEW ZEALAND

Telephone: (09) 523 5731
Fax: (09) 523 5761

Tissue Typing use only:

Received by _____ Registered by _____

Event No. _____

FULL AND ACCURATE COMPLETION OF THIS FORM IS ESSENTIAL

Step 1. PATIENT DETAILS - sections marked * are mandatory

*(Attach patient identification label or complete **all** written details)*

*NHI No. _____ *DOB _____ *Gender _____

*Family Name _____

*Given Names _____

Ethnicity _____

*DHB of Patient _____

FOR URGENT TEST REQUESTS PLEASE PHONE TISSUE TYPING - (09) 523 5731

Step 2. TESTING REQUIREMENTS – see reverse for sample requirements

Bone Marrow Transplant - Patient

- Initial HLA Typing (HLA-A,-B,-DR) and ABO group
- Confirmatory patient HLA Typing (HLA-A,-B,-DR)
- HLA Antibody screen
- Investigation for Platelet Refractoriness
- Other – please specify _____

Step 3. CLINICAL INFORMATION INCLUDING RECENT SENSITISING EVENTS AND FACTORS WHICH MAY INTERFERE WITH TESTS

Step 4. NAME OF REQUESTING PRACTITIONER / CO-ORDINATOR

Practitioner / Co-ordinator / Nurse: _____ Signature: _____

Contact ph: _____ Date: _____ DHB: _____

Full Address: _____

Copy report to and Address _____

Step 5. SPECIMEN COLLECTOR DECLARATION

- * I certify that the blood specimen(s) accompanying this request form was drawn from the patient named above.
- * I established the identity of this patient by direct enquiry and/or inspection of their wristband.
- * Immediately upon the blood being drawn I labelled and signed the specimen(s) in the presence of the patient.

Date/Time of collection _____ Contact No/Pager _____

SIGNATURE OF COLLECTOR _____ Print Name _____

Doctor/Co-ordinator/Nurse (please circle)

Abbreviation(s)		
BMT = Bone Marrow Transplant	MUD = Matched Unrelated Donor	SOT = Solid Organ Transplant
CDC = Complement-Dependent Cytotoxicity	PAA = Platelet Associated Antibody	SPA = Serum Platelet Antibody
HPA = Human Platelet Antigen	PRA = Panel Reactive Antibody	SSP = Sequence Specific Primers
HLA = Human Leucocyte Antigen	SBT = Sequencing Based Typing	

TEST REQUESTS	SAMPLE REQUIREMENTS
Bone Marrow Transplant - patient/donor Initial and confirmatory HLA typing	2 x 10ml CPDA (If cell count low - 4 x 10ml CPDA) 1 x 10ml clotted 1 x 6ml EDTA (with initial typing only)
Solid Organ Transplant - patient/donor Initial and confirmatory HLA typing Lymphocyte crossmatch (Flowcytometry and CDC) Monthly transplant tray sample	4 x 10ml CPDA; 1 x 10ml clotted and 1 x 6ml EDTA 4 x 10ml CPDA; 1 x 10ml clotted and 1 x 6ml EDTA 1 x 10ml Clotted or, 3 x 5ml or 2 x 7ml Clotted
Disease Association (e.g. B27, Coeliac, Narcolepsy)	1 x 10ml CPDA
Platelet Immunology & TRALI/Transfusion Reactions TRALI/Transfusion Reactions Refractory patients (includes HLA/HPA typing if required) NAIT (includes HPA genotyping and maternal/paternal XM) Platelet Antibody screen (PAA and SPA)	Donor: 2 x 10ml clotted; Patient: 2 x 10ml CPDA 4 x 10ml CPDA and 2 x 10ml clotted Mother: 4 x 10ml CPDA and 2 x 10ml clotted Father: 4 x 10ml CPDA 4 x 10ml CPDA and 1 x 10ml clotted
Hypersensitive drug reaction (HLA-B*57:01, HLA-B*15:02)	1 x 10ml CPDA

NOTE: FOR YOUNG PATIENT/DONOR WHERE SAMPLE VOLUMES MIGHT BE PROBLEMATIC CONTACT THE TISSUE TYPING LABORATORY AT (09) 523 5731.

SAMPLE LABELLING & ACCEPTANCE CRITERIA
<ol style="list-style-type: none"> Both tube and request form MUST contain the following information: <ul style="list-style-type: none"> Family name and given name(s) NHI No or DOB Date and time of sample collection Request form and sample(s) MUST be signed by physician/transplant co-ordinator/nurse who collected the samples. Details on tubes MUST match those on the accompanying form.

DELIVERY INSTRUCTIONS FOR TISSUE TYPING TEST REQUESTS	
Monday to Friday Tissue Typing Laboratory New Zealand Blood Service 71 Great South Road Epsom AUCKLAND	After Hours – Weekends and Public Holidays Blood Bank Auckland City Hospital Park Road AUCKLAND

TURNAROUND TIMES			
Bone Marrow Family Study	1 month	Renal Transplant List (HLA and ABO)	2 weeks
MUD Confirmatory HLA typing	2 weeks	Live Donor Renal workup	4 weeks
HLA Type	2 weeks	Other Solid Organ workup	2 weeks
B27 / Disease Association	2 weeks	CDC PRA/Antibody Screen (SOT)	6 weeks
Platelet Refractoriness	*1 day – 1 week	Cadaver Report	4 weeks
NAIT	*1 day – 1 week	Post Transplant Monitoring	2 days
Platelet Crossmatch	*1 day – 1 week		
HPA Genotype	1 week		
		*Verbal report given within 24 hours	

TESTS PERFORMED	TECHNIQUE
HLA typing uses DNA techniques and is at intermediate resolution except where stated.	
BMT Initial HLA Typing: patient HLA-A,-B,-DR or potential related donor HLA-A,-B, and if a HLA-A,-B match HLA-DR Confirmatory HLA Typing - HLA-A,-B,-DR Patient High Resolution HLA-DR Typing for Unrelated Donor Search High Resolution HLA-A,-B,-C,-DR,-DQ typing for patient and unrelated donor	Luminex DNA typing CDC/Luminex/SSP SSP/SBT SSP/SBT
SOT Initial HLA Typing patient and donor - HLA-A,-B,-DR TRALI/Transfusion Reactions Confirmatory HLA Typing - HLA-A,-B,-DR Crossmatch (patient serum v donor cells) HLA antibody screening	Luminex DNA typing Luminex Luminex DNA typing Flow cytometry/CDC Luminex/CDC
Disease Association	SSP/Luminex DNA typing