

REQUEST FOR SOLID ORGAN **RECIPIENT** TESTING

URGENT REQUEST

New Zealand Transplantation and Immunogenetics
Laboratory (NZTIL)

NZ Blood Service
Private Bag 92071
Auckland Mail Centre
Auckland 1142
NEW ZEALAND

Telephone: (09) 523 5731
Fax: (09) 523 5761
nztilfax@nzblood.co.nz

NZTIL use only:

Received by _____ Registered by _____

Event No.

FULL AND ACCURATE COMPLETION OF THIS FORM IS ESSENTIAL

Step 1.

PATIENT/RECIPIENT DETAILS

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

Family Name

Given Names

NHI

Date of Birth

Gender

Ward

Hospital

Transplant workup: ☐ Kidney ☐ Kidney/Liver ☐ Liver
☐ Kidney/Pancreas ☐ Kidney/Heart ☐ Pancreas ☐ Heart ☐ Lung

Planned date of surgery: _____

Step 2.

TESTING REQUIREMENTS – see reverse for sample requirements

- ☐ Initial HLA Typing (HLA-A,-B,-C,-DRB1345,-DQ,-DP) and ABO group
- ☐ Confirmatory HLA Typing (HLA-A,-B,-C,-DRB1345,-DQ,-DP) and ABO group
- ☐ HLA Antibody Screen/Identification
- ☐ Donor Specific Antibody (DSA) testing - State date of transplant if known: _____
- ☐ Other – please specify _____

NOTE: Samples requiring a Flow Cytometry Crossmatch are URGENT and must arrive in NZTIL laboratory by 8am the day of the crossmatch, at the latest.

- ☐ Flow Crossmatch
- ☐ Virtual Crossmatch

State date of transplant if known: _____

Step 3.

CLINICAL INFORMATION INCLUDING FACTORS WHICH MAY AFFECT THE TEST RESULTS

This section is mandatory – please tick the appropriate boxes.

In the last 3 months has the patient:

- | | | | | |
|--|------------------------------|-----------------------------|----------------------------------|------------------------------|
| Had a blood transfusion? | ☐ Yes | ☐ No | ☐ Unknown | ☐ N/A |
| Been or is currently pregnant? | ☐ Yes | ☐ No | ☐ Unknown | ☐ N/A |
| Had Rituximab? | ☐ Yes | ☐ No | ☐ Unknown | ☐ N/A |
| Had Intravenous Immunoglobulin (IVIG)? | ☐ Yes | ☐ No | ☐ Unknown | ☐ N/A |
| Had Antithymocyte Globulin (ATG)? | ☐ Yes | ☐ No | ☐ Unknown | ☐ N/A |
| Had a nephrectomy? | ☐ Yes | ☐ No | ☐ Unknown | ☐ N/A |
| Reduced immunosuppression over the past 3 months? | ☐ Yes | ☐ No | ☐ Unknown | ☐ N/A |
| Been vaccinated? If Yes vaccination received _____ | ☐ Yes | ☐ No | ☐ Unknown | ☐ N/A |
| Other treatment e.g. monoclonal antibody, please list: _____ | | | | |

Step 4.

NAME OF REQUESTING PRACTITIONER / COORDINATOR

Practitioner / Coordinator / Nurse: _____ Signature: _____

Contact Ph: _____ Date: _____ DHB: _____

Full Address: _____

Email 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: _____

SIGNATURE OF COLLECTOR: _____ Print Name: _____

Doctor/Coordinator/Nurse (please circle)

Abbreviation(s)		
DSA = Donor Specific Antibody	MUD = Matched Unrelated Donor	PIFT = Platelet Immunofluorescence Test
HLA = Human Leucocyte Antigen	NAIT = Neonatal alloimmune thrombocytopenia	TRALI = Transfusion Related Acute Lung Injury
HPA = Human Platelet Antigen	NAT = Nucleic Acid Testing	VXM = Virtual Crossmatch
ITP = Idiopathic Thrombocytopenia	PAA = Platelet Associated Antibody	XM = Crossmatch
Purpura		

TEST REQUESTS	SAMPLE REQUIREMENTS	SAMPLE CRITERIA
Haematopoietic Cell/Bone Marrow Transplant – patient and donor Initial and confirmatory HLA typing	2 x 9mL CPDA (If cell count low - 4 x 9mL CPDA) <u>and</u> , 1 x 4mL K2E (EDTA) (with initial typing only) <u>and</u> , 1 x 10mL Clotted for patient only	≤ 5 days
Lymphocyte crossmatch (Flow Cytometry)	4 x 9mL CPDA; 1 x 10mL Clotted; 1 x 4mL K2E (EDTA)	≤ 48 hrs.
HLA antibody screen or Donor Specific Antibody (DSA) Testing	1 x 10mL Clotted or 2 x 6mL Clotted	≤ 96 hrs.
Solid Organ Transplant – patient and donor Initial and confirmatory HLA typing	2 x 9mL CPDA and 1 x 4mL K2E (EDTA); <u>and</u> , for patient 1 x 10mL Clotted	≤ 5 days
Lymphocyte crossmatch (Flow cytometry); NAT for donor only	4 x 9mL CPDA and 1 x 4mL K2E (EDTA); <u>and</u> , for donor 1 x 5mL PPT; for patient 1 x 10mL Clotted	≤ 36 hrs.
Virtual Crossmatch VXM Donor	1 x 9mL CPDA; 1 x 10mL Clotted, 1 x 4mL K2E (EDTA) and 1 x 5mL PPT	≤ 5 days
VXM Patient	1 x 9mL CPDA; 1 x 10mL Clotted and 1 x 4mL K2E (EDTA)	≤ 96 hrs.
HLA antibody screen or Donor Specific Antibody (DSA) Testing	1 x 10mL Clotted or, 2 x 6mL Clotted.	≤ 96 hrs.
Monthly serum sample	1 x 10mL Clotted or, 2 x 6mL Clotted	≤ 96 hrs.
Platelet Immunology & TRALI/Transfusion Reactions Refractory patients (includes HLA/HPA typing if required)	2 x 9mL CPDA and 1 x 10mL Clotted.	≤ 36 hrs.
HLA antibody screen only	1 x 10mL Clotted or, 2 x 6mL Clotted.	≤ 96 hrs.
NAIT (includes HPA genotyping and maternal/paternal XM)	Mother: 2 x 9mL CPDA and 1 x 10mL Clotted Father: 2 x 9mL CPDA	≤ 36 hrs.
Platelet Antibody screen (PAA and PIFT)	2 x 9mL CPDA and 1 x 10mL Clotted.	≤ 36 hrs.
Idiopathic Thrombocytopenia Purpura (ITP) investigation	2 x 9mL CPDA and 1 x 10mL Clotted.	≤ 36 hrs.
TRALI/Transfusion Reactions	Donor: 2 x 10mL Clotted; Patient: 2 x 9mL CPDA	≤ 36 hrs.
Disease Association (e.g. B27, Coeliac, Narcolepsy)	1 x 9mL CPDA	≤ 5 days
Hypersensitive drug reaction (HLA-A*31:01, HLA-B*57:01, HLA-B*15:02, HLA-B*58:01)	1 x 9mL CPDA	≤ 5 days
NOTE: FOR A YOUNG PATIENT/DONOR; PATIENTS WITH LOW CELL COUNTS OR, WHERE SAMPLE VOLUMES MIGHT BE PROBLEMATIC – CONTACT THE NEW ZEALAND TRANSPLANTATION AND IMMUNOGENETICS LABORATORY AT (09) 523 5731.		

SAMPLE LABELLING & ACCEPTANCE CRITERIA
- Both tube and request form MUST contain the following information: - 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 coordinator/nurse who collected the samples. - Details on tubes MUST match those on the accompanying form.

DELIVERY INSTRUCTIONS FOR NZTIL TEST REQUESTS	
<u>Monday to Friday</u> New Zealand Transplantation and Immunogenetics Laboratory New Zealand Blood Service 71 Great South Road Epsom 1051 AUCKLAND	<u>After Hours – Weekends and Public Holidays</u> Blood Bank Auckland City Hospital Park Road Grafton 1023 AUCKLAND

TURNAROUND TIMES			
Haematopoietic Cell/ Bone Marrow	2 weeks	Renal Transplant List (HLA and ABO)	2 weeks
Transplant Family Study		Live Donor Renal workup	2 weeks
MUD Confirmatory HLA typing	2 weeks	Other Solid Organ workup	2 weeks
HLA Type	2 weeks	Antibody Screen	2 weeks
B27 / Disease Association	2 weeks	Deceased Donor Report	2 weeks
Platelet Refractoriness	*1 day – 1 week	Post-Transplant Antibody Monitoring/ DSA	2 days
NAIT	*1 day – 1 week	*Verbal report given within 24 hours	

<https://www.nzblood.co.nz/healthcare-professionals/transfusion-medicine/request-forms/>