REQUEST FOR TISSUE TYPING DIAGNOSTIC TESTING

Platelet Immunology and Transfusion / TRALI Reaction Investigations

(FOR URGENT TEST REQUESTS PLEASE PHONE NZTIL – (09) 523 5731)

New Zealand Transplantation and Immunogenetics Laboratory (NZTIL)

NZ Blood Service
71 Great South Road
Epsom
Auckland 1051
NEW ZEALAND

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

NZTIL use only:

Received by _____ Registered by _____

Event No.

FULL AND ACCURATE COMPLETION OF THIS FORM IS ESSENTIAL

Step 1. PATIENT/DONOR DETAILS
*(Attach identification label or complete **all** written details)*

☐ **Patient** ☐ **Maternal (NAIT Investigation)**	☐ **Paternal (NAIT Investigation)** **[State Maternal NHI _____]**	☐ **Donor implicated in TRALI/Transfusion Reaction** ***eProgesa ID of Donor _____**
Family Name		
Given Names		
NHI	Date of Birth	Gender
Ward	Hospital	

Step 2. TESTING REQUIREMENTS - see reverse for sample requirements

- ☐ Investigation of Platelet Refractoriness (includes HPA/HLA antibody screen and HLA/HPA typing)
- ☐ NAIT Investigation (includes HPA genotyping and maternal/paternal crossmatch)
- ☐ Idiopathic Thrombocytopenia Purpura (ITP) investigation
- ☐ Other – please specify: _____
- ☐ Platelet (HPA) antibody screen only
- ☐ HLA antibody screen only
- ☐ TRALI/Transfusion Reaction

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

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) **and,** 1 x 4mL K2E (EDTA) (with initial typing only) **and,** 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); **and, 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); **and, 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)	4 x 9ml CPDA and 1 x 10ml Clotted	≤ 36 hrs.
Idiopathic Thrombocytopenia Purpura (ITP) investigation	4 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

1. 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
2. Request form and sample(s) **MUST** be signed by physician/transplant coordinator/nurse who collected the samples.
3. Details on tubes **MUST** match those on the accompanying form.

DELIVERY INSTRUCTIONS FOR NZTIL TEST REQUESTS

Monday to Friday
New Zealand Transplantation and Immunogenetics Laboratory
New Zealand Blood Service
71 Great South Road, Epsom 1051
AUCKLAND

After Hours – Weekends and Public Holidays
Blood Bank
Auckland City Hospital
Park Road, Grafton 1023
AUCKLAND

TURNAROUND TIMES

Haematopoietic Cell/ Bone Marrow Transplant Family Study	2 weeks	Renal Transplant List (HLA and ABO)	2 weeks
		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/