

*** PLEASE COMPLETE THE INFORMATION BELOW, PRINT CLEARLY ***

*** SAMPLES MUST BE LABELLED WITH THE PATIENT'S FIRST AND LAST NAME, PHIN AND COLLECTION DATE ***

MAIL REPORT TO: NAME OF PHYSICIAN ORDERING TEST: <small>(LAST) (FIRST)</small> PHYSICIAN 24/7 CRITICAL RESULTS TELEPHONE NO.: REFERRING INSTITUTION NAME: ADDRESS: CITY: PROV.: POSTAL CODE: TELEPHONE NO.: FAX NO.:	LOCATION (WARD/CLINIC): LAST NAME: FIRST NAME: PATIENT TELEPHONE NO. DATE OF BIRTH: SEX: <input type="checkbox"/> F <input type="checkbox"/> M <small>DD/MMM/YYYY</small> FACILITY PATIENT ID NO.: PHIN (9 DIGITS): PHYSICIAN:
---	---

DIAGNOSIS:	COLLECTION DATE: LOCATION: <small>DD/MMM/YYYY</small> COLLECTED BY: <small>PHLEBOTOMIST NAME (Please Print) INITIALS</small>
----------------------------------	--

SCHEDULED COLLECTION: DATE: TIME: COLLECTED BY: VENIPUNCTURE INDWELLING LINE

TEST REQUEST: RECIPIENT HISTORY AND CLINICAL INFORMATION REQUIRED:

HLA Typing*

HLA - A, B, C Typing 1 x 5 mL EDTA lavender top tube

HLA - DR, DQ, DP Typing 1 x 5 mL EDTA lavender top tube

HLA Antibody Screening

Waiting List – Routine: 1 x 8.5 mL SST serum tube

Post Transfusion (To be drawn 14 - 18 days post transfusion) 1 x 8.5 mL SST serum tube

Transfusion Date:

Post Transplant: 1 x 8.5 mL SST serum tube

Biopsy 1 x 8.5 mL SST serum tube

cPRA Evaluation 1 x 8.5 mL SST serum tube

HLA Crossmatch* Preliminary Final

Recipient	Donor
-----------	-------

Serologic AHG-CDC 1 x 8.5 mL SST serum tube 3 x 8.5 mL ACD yellow top tubes

Flow Cytometry 1 x 8.5 mL SST serum tube 1 x 8.5 mL SST serum tube + 3 x 8.5 mL ACD yellow top tubes + 3 x 8.5 mL ACD yellow top tubes

**Requires prior arrangements. Ph. 204-789-1143. For pediatric volumes – contact lab.*

For Initial and Final Work-ups Only

Type of Transplant:
 Kidney Lung Heart

of Pregnancies:

of Transfusions: Dates:

Previous Transplants: Dates:

LIVING DONOR CLINICAL INFORMATION REQUIRED:

Recipient's Name:

Relationship to Recipient:

FOR LABORATORY USE ONLY:

Sample Number:

Accessioned By:

Comments:

RESULTS – FOR LABORATORY USE ONLY:

HLA Typing: Method: DNA Micro SSP DNA LABType SSO

HLA - A* / A* / B* (Bw) / B* (Bw) / C* / C* /

HLA - DRB1* / DRB1* / DRB / DRB /

HLA - DQA1* / DQA1* / DQB1* / DQB1* /

HLA - DPA1* / DPA1* / DPB1* / DPB1* /

Comments:

HLA Antibody Screening: Method: FlowPRA HLA Class I/II:

Interpretation:

HLA Antibody Specificity: Method: LABScreen-SA

HLA - Class I:

HLA - Class II:

Comments:

..... Test Date Technologist Report Date Supervisor