|  |  |
| --- | --- |
| **REQUESTOR’S INFORMATION** | **PATIENT’S INFORMATION** |
| **Facility Name:** |  | **Name:** |  |  |  |
|  |  |  | Last | First | Middle |
| **Facility Address:** |  | **Address:** |  |
| Street, Room No. | **Street** |
|  |  |  |  |  |  |
| City/Town | Province | Postal Code | **City/Town** | **Province** | **Postal Code** |
| **Clinic:** |  | **Hospital ID No. (CR No.):** |  |
| **Phone Number:** |  | **Health Card Number (HCN):** |  | **V:** |
|  | **Health Card Province:** |  | **Exp Date:** |  |
| **Ordering Physician:** |  | YYYYMMMDD |
|  | Print | **DOB:** |  | 🞏 **Male** | 🞏 **Female** |
| **Physician Signature:** |  |  | YYYYMMMDD |  |  |
|  |  |  | **Clinical Information:** |  |
| **Specimen Collected by:** |  |  |  |  |
| **Date:** |  | **Time:** |  |  | **Relevant Medications:** |  |
|  | YYYYMMMDD |  |  |  |  |  |
|  |
| **SOLID ORGAN TRANSPLANT (Kidney)** |  | **STEM CELL & BONE MARROW TRANSPLANT** |
| **Recipient Clinical Information** | Clinical Diagnosis: |  |
| TGLN No.: |  | CTR No.: |  | 🞏 Recipient | 🞏 Donor |
|  | If testing for a donor provide the recipient information below: |
| Sensitization History: | # Transfusions: |  | # Pregnancies: |  | Recipient Name: |  |
|  | Date of Last: |  | Recipient HCN: |  | V: |
| Previous Transplants: | 🞏 No | 🞏 Yes | Relationship to Recipient: |  |
|  | Date of Last: |  |  |  |
| Immunosuppressive Therapy: |  | HLA Typing (select) | EDTA Lavender Top Peripheral Blood |
| 🞏 None | 🞏 ATG | 🞏 IVIG | 🞏 Rituximab | 🞏 PLEX | 🞏 Potential Donor Intermediate Resolution Screening (in house) |
| 🞏 Other: |  | 🞏 High Resolution HLA Typing\* |
|  | \* include transplant centre requisition |
| **Donor Information** | 🞏 Live | 🞏 Cadaveric | 🞏 HLA Antibody Testing | 1 Red Top Peripheral Blood |
| TGLN No.: |  | CTR No.: |  |  |
| Recipient Name: |  |  | **Autoimmune Disease Association** |
| Recipient | TGLN No.: |  | CTR No: |  | Clinical History: |  |
| Relationship to recipient: |  | Specimen Type: | EDTA Lavender Top Peripheral Blood |
|  | 🞏 HLA-B27 – Ankylosing Spondylitis |
| **Testing Required** | 🞏 HLA-B\*57:01 – Abacavir Sensitivity |
| 🞏 **HLA Typing** | EDTA Lavender Top Peripheral Blood | 🞏 HLA-DQ2/DQ8 – Celiac Disease |
| HLA Antibody Testing | 1 Red Top Peripheral Blood | 🞏 HLA-A29 – Birdshot Chorioretinopathy |
| 🞏 **SAg** | 🞏 **DSA** | TGLN Donor No.: | 🞏 Other Locus: |  |
|  | Suspected Association: |  |
| 🞏 **Flow Crossmatch** | 🞏 Live Donor | 🞏 Cadaveric Donor |  |
| 🞏 Initial | 🞏 Final | 🞏 Virtual | 🞏 Auto | **HLA Testing for Matched Platelets** |
| Recipient:  | 1 Red Top Peripheral Blood | 🞏 HLA Typing | EDTA Lavender Top Peripheral Blood |
| Donor:  | 4 X ACD Soln A Peripheral Blood | 🞏 HLA Antibody Testing | 1 Red Top Peripheral Blood |