

TEST REQUISITION FORM HLA & TRANSPLANT IMMUNOLOGY

Name of Patient -

Age / Sex -

Date of last dialysis -

Diagnosis -

Name of Donor -

Age / Sex -

Relationship -

Address -

Contact Number-

Date and Time sample taken:

Tests requested: Please tick the required test

1. HLA TYPING-

a) Luminex (r-SSO) /SSP

- | | |
|--|--|
| <input type="checkbox"/> HLA –ABCDRDQB1 | <input type="checkbox"/> HLA –B5 (B*51) |
| <input type="checkbox"/> HLA –ABDRB1 | <input type="checkbox"/> HLA DQ2 /DQ8 (CELIAC DISEASE) |
| <input type="checkbox"/> HLA –ABC | <input type="checkbox"/> HLA – DQB1*06:02 (NARCOLEPSY) |
| <input type="checkbox"/> HLA –DRB1 (ANY ALLELE) | <input type="checkbox"/> HLA – B*57:01 (ABACAVIR HYPERSENSITIVITY) |
| <input type="checkbox"/> HLA –B LOCUS (ANY ALLELE) | <input type="checkbox"/> HLA- B27 |
| <input type="checkbox"/> HLA –C*06 (CW6) – (PSORIASIS / PSORIATIC ARTHRITIS) | |

b) HLA NGS –ABCDRDQDPB1 (6 LOCI)

c) Any other alleles (NGS/ r-SSO / SSP), please mention allele and resolution.....

2. ANTIBODY WORKUP

- CDC CROSSMATCH (PBMC)
- FLOW CROSSMATCH (T AND B CELL)
- LUMINEX CROSSMATCH (DSA -CLASS I AND II)
- MIXED ANTIBODY SCREEN (CLASS I AND II)
- PRA CLASS I (PHENOTYPE BEAD ASSAY)
- PRA CLASS II (PHENOTYPE BEAD ASSAY)
- SINGLE ANTIGEN BEAD ASSAY CLASS I
- SINGLE ANTIGEN BEAD ASSAY CLASS II

3. HISTORY

Number of pregnancies Number of transfusions -

Date of last transfusion/...../.....Previous transplant if any and date:/...../.....

Date of Last Dialysis/...../.....