

## TRANSPLANT IMMUNOLOGY

### PATIENT DETAILS

(In BLOCK letters)

Full Name

DOB   /   /          Age   /        Gender  M  F      Blood Group

Disease

#### Patient Sample Information

Collection Date   /   /          Time   AM / PM      Contact No.

Requesting Physician

Ethenticity     Asian     Indian     African     Caucasian     Other

#### Mandatory Documents of Patient (Any One) :

Aadhar Card     Voter ID     Birth Certificate     Ration Card     PAN Card     Passport

### DONOR DETAILS

(In BLOCK letters)

Full Name

DOB   /   /          Age   /        Gender  M  F      Blood Group

Ethenticity     Asian     Indian     African     Caucasian     Other

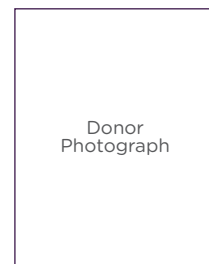
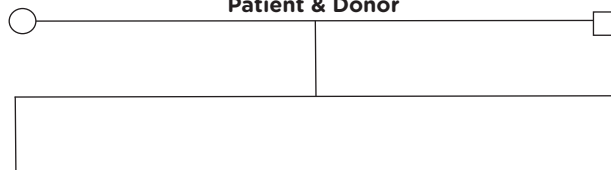
#### Mandatory Documents of Donor (Any One) :

Aadhar Card     Voter ID     Birth Certificate     Ration Card     PAN Card     Passport

Transplant Type :     Kidney     Bone Marrow     Lung     Heart     Liver



Pedigree/Relationship between Patient & Donor



Send Report To .....

Address ..... Zip Code .....

E-mail ID ..... Contact No. ....

### PATIENT MEDICAL INFORMATION

Does the patient have an autoimmune disease (i.e.:Lupus)  Yes  No      If yes, specify .....

Medical Diagnosis (specify) .....

Previous Transplant  Yes  No      Organ .....      Donor ID .....      Tx Date .....

Did the patient receive blood products (ever) ?     Yes  No  Unknown      Date last received .....

Did the patient have pregnancies / miscarriages?  Yes  No  Unknown      # of Pregnancies / Miscarriages

Did the patient receive any antibody based therapy (i.e. ATG, IVIg, Rituximab, Basiliximab, etc.)?     Yes  No

Specify .....      Date last received .....

## TEST REQUESTED FOR

### NGS BASED TYPING (HIGH RESOLUTION) [ SPECIMEN : 4-8 ML EDTA BLOOD SAMPLE (PURPLE TOP), TAT - 7 DAYS ]

- HLA typing A, B, C, DR & DQ (DPB - if required)
  HLA G

### LUMINEX BASED TYPING (LOW RESOLUTION) [ SPECIMEN : 2-4 ML EDTA BLOOD SAMPLE (PURPLE TOP), TAT - 3 DAYS ]

- HLA typing A,B,C,DR & DQ
  HLA (DRB1 / DQA1)  
 HLA typing A, B, DR
  HLA B5\*(51/52)  
 HLA typing DRB3,DRB4 & DRB5
  HLA-DQB1 (DQ2/DQ8) and HLA-DQA1 for Celiac Disease

### SPECIMEN : DONOR - 10ML HEPARIN SAMPLE (GREEN TOP) RECIPIENT - 4 ML PLAIN TUBE / ECD TUBE SERUM SAMPLE (RED TOP OR YELLOW TOP) - TAT - 3 DAYS

- Donor Specific Antibody (DSA) By Luminex

### SPECIMEN : RECIPIENT - 4 ML PLAIN TUBE (RED TOP) ECD TUBE SERUM SAMPLE (RED TOP OR YELLOW TOP) - TAT - 3 DAYS

- Panel reactive antigen HLA-Class-I and HLA-Class-II (PRA) By Luminex:
  Antibody Screening for HLA Class-I & Class-II (Labscreen)  
 Single antigen panel for HLA-Class I and HLA-Class (SAP) (By Luminex):
  Single MICA Antigen Panel

### DISEASE ASSOCIATION - SPECIMEN : 2-4 ML EDTA (PURPLE TOP), TAT - 3 DAYS

- HLA-A 2901/2902 for Birdshot Retinopathy  
 HLA-B\*27 for Ankylosing Spondylitis  
 HLA-B\*51 for Behcet's Disease  
 HLA-B\*5701 for Abacavir Sensitivity  
 HLA-DQB1\*0602 for Narcolepsy  
 HLA\*15:02 (Carbamazepine)  
 HLA-B\*5801 for Allopurinol Induced Stevens-Johnson Syndrome Risk  
 HLA-DQB1(DQ2/DQ8) and HLA-DQA1 for Celiac Disease Risk  
 HLA-DRB1\*1501/1502 for Anti-glomerular Basement Membrane Disease  
 DNA Profiling for Patient and Donor Relationship Establishment (STR Analysis)

### HLA TYPING-CUSTOMIZED - SPECIMEN : 2-4 ML EDTA

- Molecular Typing-Single Locus (specify) Locus: \_\_\_\_\_  
 Resolution :  High  Low

### All HLA Typing services include DNA extraction and storage.

- \* Sample should be freshly collected.  
 \* Sample should be collected after 4hour fasting

\* The Participant has consent for samples to be stored for further investigations/diagnosis/research for a limited period of time.

\* प्रतिभागी के पास सीमित अवधि के लिए आगे की जांच/निदान/अनुसंधान के लिए नमूनों को संग्रहीत करने की सहमति है।

\* મર્યાદિત સમય માટે વધુ તપાસ/નિદાન/સંશોધન માટે નમૂનાઓ સંગ્રહિત કરવા સહભાગીની સંમતિ છે.

Patient Name: \_\_\_\_\_ Consultant Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

### REMARKS

For office use only Rec'd Date & Time	Tech Initials	# ACD	# Clots	# Na Heparin	Comment