

TISSUE TYPING LABORATORY REQUEST FORM

TPS XXXXXXXX

Please fill up this request form completely to avoid sample being rejected.

Recipient's Information

[] Citizen [] Permanent Resident [] Non-resident [] Work Permit Holder

Hospital:

Ward/Clinic:

Name:

Singapore NRIC/PP:

Gender/Birth Date/Race:

Donor's Information

[] Citizen [] Permanent Resident [] Non-resident [] Work Permit Holder

Relationship to Recipient:

Name:

Singapore NRIC/PP:

Gender/Birth Date/Race:

Clinical Information

 History of:

- Blood Transfusion - [] No [] Yes, date:
- Transplant ----- [] No [] Yes, date:

Diagnosis:

- ABO incompatible [] No [] Yes, Donor's Blood Group:
- Any drugs given? [] No [] Yes [] Intend

Type: Dosage:

Concentration: Given date(s) if Yes:

Start date if Intend:

- Plasmapheresed? [] No [] Yes [] Intend

If Yes or Intend, date(s):

For Solid Organ Transplant

Please tick (/) appropriate box(es)

 1110 • ABO/RH Grouping (5ml of plain blood or EDTA blood)

HLA Phenotyping (10ml #ACD or EDTA blood; if patient cell count less than 1×10^9 /L, please send 30-50ml blood or buccal swab x 3)

Low Resolution

- 9021 • HLA ABC
- 9024 • HLA DR/DQ
- 3061 • HLA A only
- 3062 • HLA B only
- 3063 • HLA C only

Intermediate to High resolution

- 9026 • HLA ABC
- 3071 • HLA A only
- 3027 • HLA DQA1
- 9027 • HLA ABCDR
- 3072 • HLA B only
- 3074 • HLA DQB1
- 3007 • HLA DRB1
- 3073 • HLA C only
- 3075 • HLA DPB1
- 9029 • NGS 11 loci
- 3028 • HLA DP

Single Allele Screening

- 3011 • HLA B27(CDC)
- ACD or Lithium Heparin only
- 3029 • HLA B*15:02

HLA Crossmatch

 (Recipient 5ml Plain Blood,
Donor: 20ml #ACD Blood)

- 9003 • CDC
- 9003 • CDC auto
- 9031 • Flow with Pronase
- 9031 • Flow with Pronase auto
- 3099 • CAD DTT-XM
- 9033 • CAD Full Crossmatch

HLA Antibody Screening (5ml Plain Blood)

- 3201 • Flow
- 3031 • Flow-Class I only
- 3030 • Flow-Class II only

HLA Antibody Identification (5ml Plain Blood)

- 3022 • Luminex-Class I & II
- 3035 • Luminex-Class I only
- 3036 • Luminex-Class II only
- 3045 • C1q HLA Class I & II
- 3046 • C1q HLA Class I only
- 3047 • C1q HLA Class II only

For Platelet Refractoriness (5ml Plain Blood)

- 3031 • Flow-Class I only
- 3035 • Luminex-Class I only
(Reflex testing if
HLA antibody
detected)

OTHERS, please specify:

 9036 • KIR genotyping

 DSA comment on new donor (Svc code:)

 Deceased donor XM: Normal B-cell & AHG T-cell. Urgent Request fee when applicable (Svc code:)

Name, MCR# & Signature of Requesting Doctor:

Type of Sample:

 Peripheral Blood Cord Blood DNA Buccal Swab

Name & Signature of Phlebotomist:

Contact Number:

Date:

Date & Time:

FOR HLA LABORATORY USE ONLY

Date & Time Received:

Laboratory No:

Request Received By: