

# TISSUE TYPING LABORATORY REQUEST FORM

**TPS XXXXXXXX**

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

| Recipient's Information                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                            | Donor's Information                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [ ] Citizen [ ] Permanent Resident [ ] Non-resident [ ] Work Permit Holder                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                            | [ ] Citizen [ ] Permanent Resident [ ] Non-resident [ ] Work Permit Holder                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                   |
| Hospital:                                                                                                                                                                                                                                                                                                                                                                           | Ward/Clinic:                                                                                                                                                                                                                                                                                                                                               | Relationship to Recipient:                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                   |
| Name:                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                            | Name:                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                   |
| Singapore NRIC/PP:                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            | Singapore NRIC/PP:                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |
| Gender/Birth Date/Race:                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                            | Gender/Birth Date/Race:                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                   |
| Clinical Information                                                                                                                                                                                                                                                                                                                                                                | History of: • Blood Transfusion - [ ] No [ ] Yes, date:<br>• Transplant ----- [ ] No [ ] Yes, date:                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |
| Diagnosis:                                                                                                                                                                                                                                                                                                                                                                          | • ABO incompatible [ ] No [ ] Yes, Donor's Blood Group:<br>• Any drugs given? [ ] No [ ] Yes [ ] Intend<br>Type: ..... Dosage: .....<br>Concentration: ..... Given date(s) if Yes: .....<br>Start date if Intend: .....<br>• Plasmapheresed? [ ] No [ ] Yes [ ] Intend<br>If Yes or Intend, date(s): .....                                                 |                                                                                                                                                                                                                                                                                                                                                                                                           | For Solid Organ Transplant                                                                                                                                                                                        |
| Please tick ( / ) appropriate box(es)                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |
| <input type="checkbox"/> 1110 • ABO/RH Grouping (5ml of plain blood or EDTA blood)                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |
| <b>HLA Phenotyping (10ml #ACD or EDTA blood; if patient cell count less than 1 x 10<sup>9</sup> /L, please send 30-50ml blood or buccal swab x 3)</b>                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |
| <b>Low Resolution</b><br><input type="checkbox"/> 9021 • HLA ABC<br><input type="checkbox"/> 9024 • HLA DR/DQ<br><input type="checkbox"/> 3061 • HLA A only<br><input type="checkbox"/> 3062 • HLA B only<br><input type="checkbox"/> 3063 • HLA C only                                                                                                                             | <b>Intermediate to High resolution</b><br><input type="checkbox"/> 9026 • HLA ABC <input type="checkbox"/> 3071 • HLA A only<br><input type="checkbox"/> 9027 • HLA ABCDR <input type="checkbox"/> 3072 • HLA B only<br><input type="checkbox"/> 3007 • HLA DRB1 <input type="checkbox"/> 3073 • HLA C only<br><input type="checkbox"/> 9029 • NGS 11 loci | <input type="checkbox"/> 3027 • HLA DQA1<br><input type="checkbox"/> 3074 • HLA DQB1<br><input type="checkbox"/> 3075 • HLA DPB1<br><input type="checkbox"/> 3028 • HLA DP                                                                                                                                                                                                                                | <b>Single Allele Screening</b><br><input type="checkbox"/> 3011 • HLA B27(CDC)<br>- ACD or Lithium Heparin only<br><input type="checkbox"/> 3029 • HLA B*15:02                                                    |
| <b>HLA Crossmatch</b><br>(Recipient 5ml Plain Blood, Donor: 20ml #ACD Blood)<br><input type="checkbox"/> 9003 • CDC<br><input type="checkbox"/> 9003 • CDC auto<br><input type="checkbox"/> 9031 • Flow with Pronase<br><input type="checkbox"/> 9031 • Flow with Pronase auto<br><input type="checkbox"/> 3099 • CAD DTT-XM<br><input type="checkbox"/> 9033 • CAD Full Crossmatch | <b>HLA Antibody Screening</b><br>(5ml Plain Blood)<br><input type="checkbox"/> 3201 • Flow<br><input type="checkbox"/> 3031 • Flow-Class I only<br><input type="checkbox"/> 3030 • Flow-Class II only                                                                                                                                                      | <b>HLA Antibody Identification</b><br>(5ml Plain Blood)<br><input type="checkbox"/> 3022 • Luminex-Class I & II<br><input type="checkbox"/> 3035 • Luminex-Class I only<br><input type="checkbox"/> 3036 • Luminex-Class II only<br><input type="checkbox"/> 3045 • C1q HLA Class I & II<br><input type="checkbox"/> 3046 • C1q HLA Class I only<br><input type="checkbox"/> 3047 • C1q HLA Class II only | <b>For Platelet Refractoriness</b><br>(5ml Plain Blood)<br><input type="checkbox"/> 3031 • Flow-Class I only<br><input type="checkbox"/> 3035 • Luminex-Class I only<br>(Reflex testing if HLA antibody detected) |
| <b>OTHERS, please specify:</b><br><input type="checkbox"/> 9036 • KIR genotyping<br><input type="checkbox"/> DSA comment on new donor (Svc code: .....)<br><input type="checkbox"/> 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:<br><input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Cord Blood <input type="checkbox"/> DNA <input type="checkbox"/> Buccal Swab                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |
| Contact Number:                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                            | Name & Signature of Phlebotomist:                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                   |
| Date:                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                            | Date & Time:                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                   |
| FOR HLA LABORATORY USE ONLY                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |
| Date & Time Received:                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |
| Laboratory No:                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |
| Request Received By:                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   |