



## Appendix 3- HLA typing form

 <b>SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE</b> <b>HISTOCOMPATIBILITY AND PLATELET IMMUNOHAEMATOLOGY</b> ROYAL INFIRMARY, LITTLE FRANCE CRESCENT, EDINBURGH, EH16 4SA Tel: 0131 242 7528 Fax: 0131 242 7530 <a href="http://www.scotblood.co.uk/about-us/publications">http://www.scotblood.co.uk/about-us/publications</a> Lab hours: Monday to Friday 0830-1700hrs				 National Services Scotland
Request forms and samples not labelled in accordance with SNBTS Zero Tolerance policy may not be tested (see reverse of form)				
<b>Patient / donor information</b> Hospital / CHI no: <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Surname: Forename (in full): DOB: M/F Hospital / ward: Clinical condition:	<b>Solid organ transplant (including islets)</b> <u>Initial / confirmatory HLA type:</u> 5ml EDTA <input type="checkbox"/> <u>HLA antibody screen (inc DSA investigation):</u> 10ml clotted <input type="checkbox"/> <u>Crossmatch (by arrangement)*:</u> 10ml EDTA (donor) <input type="checkbox"/> 10ml EDTA and 10ml clotted (recipient) <input type="checkbox"/> <i>*Please complete one request form for donor and one for recipient</i>	<b>Platelet refractoriness / HIT / FNAIT</b> <i>**ALL SAMPLES MUST BE HANDWRITTEN**</i> All tests must be arranged via BTS duty haematologist (Daytime #2215 / OOH - switchboard) <u>Platelet refractoriness:</u> 5ml EDTA + 10ml clotted (HLA/HPA type and antibody investigation) <input type="checkbox"/> <u>HIT screen:</u> 4T score: _____ 10ml clotted + vial of patient's heparin <input type="checkbox"/> <u>FNAIT investigations:</u> (also complete FNAIT form available on NHS Lothian intranet) Mother: 5ml EDTA + 10ml clotted <input type="checkbox"/> Child: 5ml EDTA <input type="checkbox"/> <i>*Smaller sample volume for paediatric patients by arrangement</i> Father (if req'd): 5ml EDTA <input type="checkbox"/>	<b>Disease association testing</b> <i>**All 5ml EDTA**</i> HLA B27 <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Coeliac <input type="checkbox"/> HLA B*57:01 <input type="checkbox"/> Other – please specify <input type="checkbox"/> ..... <u>Lab use only</u> Date / time received: Accepted by: Registered by: Archive location(s): Serum - S DNA - D	
<b>Sample information</b> Requesting clinician: Sample taken by: Date and time: Routine / urgent* Risk of infection: Yes/No <i>* Please contact lab directly if result is required urgently – use number above</i>	<b>Haematology</b> <u>Initial / confirmatory HLA type:</u> HLA-A, -B, -C (autologous tpx) 5ml EDTA <input type="checkbox"/> HLA-A, -B, -C, -DR, -DQ (allogeneic tpx) 5ml EDTA <input type="checkbox"/> <u>HLA antibody screen:</u> 10ml clotted <input type="checkbox"/>			