

TEST REQUISITION FORM

TRANSPLANT IMMUNOLOGY

PATIENT DETAILS —						
(In BLOCK letters)						
Full Name DDMMYYYY YYMM						
DOB/ Age/ GenderMF Blood Group						
Disease						
Patient Sample Information D D M M Y Y Y Y						
Collection Date // / / Time AM / PM Contact No.						
Requesting Physician Republication Physician Physic						
Ethenticity Asian Indian African Caucasian Other						
DONOR DETAILS						
Full Name						
D D M M Y Y Y Y Y Y M M						
DOB /						
Ethenticity 🗆 Asian 🗆 Indian 🗆 African 🗆 Caucasian 🗆 Other 📗						
Mandatory Documents of Patient & Donor : □ Aadhar Card □ Voter ID □ Birth Certificate □ Ration Card □ PAN Card						
Pedigree/Relationship between Patient & Donor						
Patient Photograph Donor Photograph						
Send Report To						
Address Address						
City State Zip Code Zip Code						
E-mail ID Contact No. Contact No.						
DATIENT MEDICAL INCORMATION						
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 □						

Neuberg Centre for Genomic Medicine (NCGM)



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NGS BASED TYPING (HIGH RESOLUTION) [SPECIMEN : 8 ML EDTA BLOOD SAMPLE (PURPLE TOP), TAT - 7 DAYS] HLA typing A, B, C,DR & DQ (DPB - if required)						
LUMINEX BASED TYPING (LOW RESOLUTION) [SPECIMEN : 8 ML EDTA BLOOD SAMPLE (PURPLE TOP), TAT - 3 DAYS]						
☐ HLA typing A,B,C,DR & DQ ☐ HLA typing A, B, DR ☐ HLA typing DRB3,DRB4 & DRB5		HLA (DRB1 / DQA1) HLA B5*(51/52) HLA-DQB1 (DQ2/DQ8) and HLA-DQA1 for Celiac Disease				
SPECIMEN: DONOR - 10ML HEPAR (RED TOP OR YELLOW TOP) - TAT Compliment dependent cross-ma Total Lymphocyte cross-ma Total lymphocyte cross-ma B cell lymphocyte cross-ma Auto patient's cross-match Auto donor cross-matching DTT treated serum cross-m Anti-human globulin (AHG) SPECIMEN: RECIPIENT - 4 ML PLA Panel reactive antigen HLA-Class Single antigen panel for HLA-Class	r - 3 DAYS tching (CDC crossmator atching atching- AHG* atching - AHG* ing atching - AHG* ing atching crossmatch"	ECD TUBE SERIA) By Luminex:	☐ Donor Sp☐ Flow cytc	pecific Antibody (DSA) cometery cross-matchin comphocyte comphocyte	By Luminex	
Single antigen panel for FLA-clas	is Falla FILA-Class (SAF) (By Lummex).	omgre i iii	o, c, maigen raner		
DISEASE ASSOCIATION - SPECIMEN : 10 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*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 : 10 ML EDTA Molecular Typing-Single Locus (specify) Locus:						
* The Participant has consent for samples to be stored for further investigations/diagnosis/research for a limited period of time. All HLA Typing services include DNA extraction and storage. * Sample should be freshly collected.						
* Sample should be collected after 4hou	r fasting					
Patient Name: Date: Place Signature:	Consultant Name: Date: Place: Signature:					
REMARKS						
For office use only Rec'd Date & Time	Tech Initials	# ACD	# Clots	# Na Heparin	Comment	
• *************************************						