

Place labelled specimen in bag, remove protective strip, fold flap onto bag and seal firmly.

3B

HISTOCOMPATIBILITY & IMMUNOGENETICS

NHS

Blood and Transplant

Organ Transplant Recipients and Donors

IMPORTANT: Three concordant points of identification must be used on this form and all samples.
 Failure to adequately complete the essential information may result in samples not being tested. Please ensure adequate fresh samples are sent.

Essential information is in **BLACK** and should be completed in **BLOCK CAPITALS**.

Person Details

Surname

First Name

DOB (DD/MM/YY) ___/___/___

NHS No.

Patient Family member / potential donor
 NHS Non NHS Male Female

Hospital No.

Referral Lab No.

Address (including Postcode).....

Ethnicity: White Black Asian Mixed

Other.....

Known risk: Yes No Don't know

Please specify.....

New Patients only

Blood group (if known)

Previous transfusion(s)?

Pregnancies?

Previous transplant(s)?

Relevant Clinical Information

Test Request Please telephone the laboratory if the results of these investigations are required urgently. Please send all samples at ambient temperature. Please tick box(es) and supply information as required.

Referring Hospital

Full Hospital Name

Town/City

ODS Code*

Department

Address label can be used here, include country if outside UK.

Consultant.....

Name of Requester

Signed

Date (DD/MM/YY) ___/___/___

Contact No.

Copy reports to be addressed to

ODS code* / Department (if different to above)

Sample date (DD/MM/YY) ___/___/___

Sample time (if relevant) ___ : ___

Sample type (if not peripheral blood).....

For Family Members / Potential Donors only

(If from a patient please leave this section blank)

A separate form **must** be completed for each individual.

Relationship to patient

Patient's Name

Patient's DOB (DD/MM/YY) ___/___/___

Male Female

Patient's NHS No

Patient's Hospital No

Blood Grouping. Testing performed by NHSBT RCI

ABO Rh D (6ml EDTA)

Refer to MPD637 for RCI sample labelling requirements

(<http://tinyurl.com/RCI-MPD637>)

Category	Patient - Renal	Patient - Non-Renal	Donor
<input type="checkbox"/> Pre-dialysis	<input type="checkbox"/> Cardiothoracic * Pre / Post transplant	<input type="checkbox"/> Live donor	
<input type="checkbox"/> CAPD	<input type="checkbox"/> Liver/small bowel * Pre / Post transplant		
<input type="checkbox"/> Haemodialysis	<input type="checkbox"/> Cornea * Pre / Post transplant		
<input type="checkbox"/> Post transplant			

Request details
<input type="checkbox"/> HLA type [6ml EDTA]
<input type="checkbox"/> HLA specific antibodies [6ml Clotted]
<input type="checkbox"/> Live donor crossmatch [Donor - 40ml EDTA**] [Patient - 6ml Clotted]
<input type="checkbox"/> Auto crossmatch [Patient - 40ml EDTA** & 6ml Clotted]

* Delete as applicable. ** NB Newcastle laboratory requires 60ml Li+ Heparin NOT EDTA for crossmatching.

Further copies of this form can be obtained from: <http://tinyurl.com/h-i-forms>

NHSBT use only

FRM1008/3

ISBT 128 label
(Molecular)

ISBT 128 label
(Serological)

Samples Received

EDTA
 Clotted
 Other

Date Received

For Your Information: Please ship all samples at ambient temperature

All samples must be appropriately addressed – Marked **“H&I - Diagnostic Specimens”**

NHSBT CENTRE	ADDRESS	Phone - LAB	FAX	OUT OF HOURS
Birmingham	Vincent Drive, Edgbaston, Birmingham, B15 2SG	0121 278 4179	0121 278 4110	0121 278 4037
Filton	500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH	0117 912 5733	0117 912 5731	0117 912 5724
Colindale	Charcot Road, Colindale, London, NW9 5BG	020 8957 2923	020 8957 2973	020 8957 2800
Newcastle	Holland Drive, Barrack Road, Newcastle upon Tyne, NE2 4NQ	0191 202 4410	0191 202 4564	0191 202 4500
Sheffield	Longley Lane, Sheffield, S5 7JN	0114 358 4839	0114 358 4850	0114 358 4817 / 4832
Tooting	Cranmer Terrace, Tooting, London, SW17 0RB	020 3123 8347	020 3123 8457	020 3123 8352

Other H&I test request forms

H&I diagnostic testing Please use form: 3A

Platelet immunology Please use form: 3D

Organ transplantation Please use form: 3B [This form]

Granulocyte immunology Please use form: 3E

Haematopoietic stem cell transplantation Please use form: 3C

Consent

Unless written notice is received consent for both investigations and the use of any surplus sample in scheduled purposes (quality control, staff development or ethics committee approved research) will be assumed.

IMPORTANT: Sample labelling / completion of request form

Three points of identification must be used on the form and on the sample tubes (tube and form details must agree):

1. Forename AND surname
2. Date of birth
3. NHS number (essential where available, if not available another unique identifier must be supplied)

For pretransfusion testing the samples tubes must be signed and dated.

Please see document MPD1108 "*H&I Requirements for Sample Labelling and Request Form Completion*" at <http://tinyurl.com/h-i-forms> for details.

In general, smaller volumes are permissible in infants - please contact your laboratory for help and advice.

Blood sample storage & transportation

Urgent samples must be marked urgent and discussed with the appropriate laboratory before dispatch.

Samples should be transported at ambient temperature and delivered to the laboratory in a timely manner preferably within 24 hours of collection. Prior to transportation, samples can be stored at 4°C before shipping. Samples that are sent to NHSBT must be packaged in accordance with EU Carriage of Dangerous Goods regulations and IATA regulations.

Further information

For other enquiries, please contact your laboratory for help and advice.

NHSBT H&I information can be found at http://hospital.blood.co.uk/diagnostic_services/handi/index.asp

*ODS code refers to the NHS Hospital location code, previously known as the NACS organisation code or NHSIA location code e.g. RJ701 or RQ8MY.