

ORTHOTYPE

– Histocompatibility and Immunogenetics (Filton)



Blood and Transplant

IMPORTANT: Three points of identification used on this form and all sample tubes MUST match. Complete in BLOCK CAPITALS.

All patient, requestor and consent information MUST be completed, or the sample may not be tested.

Patient Details

Surname

Forename

NHS/CHI No.

Hospital No.

DOB DD/MM/YY

Sample Date DD/MM/YY

Sex at Birth: Male Female

Ethnicity (please indicate if not provided)

BMI:

Requester Details

Name of Requester

Email address (nhs.net only)

Hospital name:

Department:

Address:

ODS code:

Purchase Order No. (if applicable):

Signature

Patient consent is requested for product surveillance and future research. (Please refer to page 2 of this form):

- I give ExplantLab my permission to track the results of my operation by accessing by record held in the National Joint Registry database.
- I do not give ExplantLab my permission to track the results of my operation by accessing by record held in the National Joint Registry database.
- I give my permission for my sample to be retained and my contact details to be stored on the ExplantLab secure database so that ExplantLab may contact me in the future regarding ethically approved research studies.
- I do not give my permission to be contacted in the future regarding ethically approved research studies.

Pre-operative evaluation for implant

2 x 6ml EDTA samples

For consideration of hip arthroplasty

What type of hip arthroplasty being considered?

Conventional THR Hip Resurfacing

If hip resurfacing, is it MoM or MoP?

Metal-on-metal (MoM)

Metal-on-polyethylene (MoP)

For consideration of arthroplasty other than hip

Joint arthroplasty being considered?

Knee Ankle

Shoulder Elbow

Does the planned prosthesis contain a CoCr or Ti-CoCr metal junction?

Yes No

Post operative monitoring

Patient has existing joint replacement *in situ*

3 x 6ml EDTA samples

Enter primary operation date (DD/MM/YY)

(If unknown approximate year of implantation)

Titanium concentration requested

Only tick if titanium implant *in situ*

Laterality (Tick one)

Single unilateral joint Bilateral/multiple joints

For hip arthroplasty

What type of hip arthroplasty being monitored?

Conventional THR Hip Resurfacing

If hip resurfacing, is it MoM or MoP?

Metal-on-metal (MoM) Metal-on-polyethylene (MoP)

For joint arthroplasty other than hip

Joint arthroplasty being monitored?

Knee Ankle Shoulder Elbow

Does the prosthesis contain a CoCr or Ti-CoCr metal junction?

Yes No

NHSBT use only

Affix ISBT 128 label here

Number of EDTA samples received Comments:

Signature

Date Received (DD/MM/YY)

For Your Information:

Consent

ExplantLab is an independent medical research company led by medically qualified, GMC registered staff. We work with the NHS in the UK and the Food and Drugs Administration in the United States to improve the lives of patients who receive joint replacements.

Consent for the Orthotype™ test. As part of your test, we process your genetic data securely. Only designated NHS and ExplantLab staff have access to your identifiable genetic results. We store these results on a secure database, as they provide information for your future clinical care.

Consent for Product Surveillance. We want to ensure that the Orthotype test functions as well as possible. To do this, we would like your permission to gain access to your record held in the National Joint Registry database in order to monitor the results of your operation. This will allow us to ensure Orthotype performs to our expectations and that we are able to continuously improve it.

Consent for future, ethically approved research. We also work with the NHS to carry out Health Research Authority approved research. This research includes looking at genetic links between the success of joint replacement and other factors such as diet.

Would you be interested in helping with this research? If you give us permission, this will allow us to contact you in the future. In doing so you agree to our retention of your sample and contact details for five years for research purposes.

Please rest assured that any future contact would be infrequent, strictly controlled and only within the context of research.

You are free to change your mind at any time. Please do contact us through the contact details below if you have any questions or wish to change your mind.

Contact details: orthotype@explantlab.com

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/CHI No. (essential where available; if not available another unique identifier must be supplied).

MPD1108 "H&I Requirements for Sample Labelling and Request Form Completion" can be obtained from:

<https://tinyurl.com/h-i-forms>.

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

Blood sample integrity, storage & transportation

A minimum of 2 ml blood is required in each 6ml tube.

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

Samples should be transported at ambient temperature and sent to the Filton H&I laboratory in a timely manner, preferably within 24 hours of collection to ensure sample age is not a limitation factor for testing.

Prior to transportation, samples can be stored at 4°C before sending. Samples that are sent to NHSBT must be labelled and packaged as Biological Substance Category B, UN 3373 and must meet PI650. Please contact Filton H&I laboratory for help and advice.

Further information

All information provided to NHS Blood and Transplant is used in accordance with the General Data Protection Regulation (GDPR) and all other applicable privacy legislation. For more information on how we look after personal details or to find out more about privacy rights visit www.nhsbt.nhs.uk/privacy or call 0300 123 23 23. NHSBT is committed to keeping data safe and confidential.

NHSBT H&I information can be found at <https://tinyurl.com/y4xre49f>

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.

NHSBT terms and conditions: <https://tinyurl.com/h-i-forms>.

Address all samples to: H&I Filton
500 North Bristol Park
Northway
Filton
Bristol
BS34 7QH

For help and advice

Call: 01179 125733