

## KIDNEY ADVISORY GROUP

### MINIMUM RESOLUTION FOR REPORTING DONOR AND RECIPIENT HLA TYPES

A minimum resolution for reporting donor and patient HLA types was introduced to coincide with the implementation of the 2006 National Kidney Allocation Scheme (**Table 1**).

Compliance with the minimum requirements is most important for deceased donors because of the impact on allocation. The donor HLA type is used to perform a virtual crossmatch for sensitised patients and incomplete information could lead to inappropriate allocation. Compliance with the minimum resolution is also important for living donors listed in the paired/pooled donation scheme.

Compliance with the repertoire is monitored and if a non-complaint type is received, the laboratory is contacted by the ODT Scientific Support staff. Compliance data have been routinely reported as an annual report to the KAG and communicated to Directors of H&I laboratories and Transplant Units.

High levels of compliance are achieved. Overall compliance for the period April 2016- March 2017 was 99.8% for deceased donor HLA types, 100% for living donor HLA types and 98% for recipient HLA types (**Table 2**).

#### Action

Compliance with the reporting requirements for HLA types will continue to be monitored and laboratories contacted if non-compliant types are received. An annual report will be presented to the Advisory Groups and communicated to the Directors of H & I laboratories and Transplant Units.

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Table 2

**Compliance with Minimum HLA Typing Resolution**  
**1<sup>st</sup> April 2016- 31<sup>st</sup> March 2017**

Laboratory	Recipients		Living Donors		Deceased Donors	
	n=	%	n=	%	n=	%
Belfast	117	100%	115	100%	55	100%
Bristol	109	100%	22	100%	90	99%* <sup>2</sup>
Birmingham	240	100%	88	100%	153	100%
Cambridge	194	100%	43	100%	137	100%
Cardiff	124	100%	38	100%	68	99%* <sup>2</sup>
Edinburgh	117	100%	44	100%	89	100%
Glasgow	174	100%	45	100%	82	100%
Guys	318	100%	119	100%	115	100%
Hammersmith	214	100%	48	100%	78	100%
Leeds	163	100%	40	100%	112	100%
Leicester	83	100%	30	100%	41	100%
Liverpool	98	64%* <sup>1</sup>	50	100%	96	100%
Manchester	306	100%	97	100%	162	100%
Newcastle	192	100%	71	100%	116	100%
Oxford	222	100%	78	100%	90	100%
Plymouth	61	100%	24	100%	53	100%
Royal Free	128	100%	39	100%	39	97%* <sup>3</sup>
Royal London	158	100%	45	100%	89	98%* <sup>2,3</sup>
Sheffield	166	100%	36	100%	89	100%
Tooting	183	100%	66	100%	218	100%
<b>Total</b>	<b>3367</b>	<b>98%</b>	<b>1138</b>	<b>100%</b>	<b>1972</b>	<b>99.8%</b>

\*<sup>1</sup> HLA-C/DR51/52/53/DQ not reported

\*<sup>2</sup> DR53N not identified

\*<sup>3</sup> DR3 not split

**Minimum Resolution for Donor and Patient HLA Types**

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**REPORTING REQUIREMENTS**

**MINIMUM RESOLUTION FOR DONOR AND PATIENT HLA TYPES**

HLA specificities and corresponding splits (or allelic equivalents) should be reported on both donor offer types and patient registration types for HLA-A, B, Cw, DR and DQ loci. Supertypic specificities: Bw4, Bw6 and DR51, DR51 Null, DR52, DR53, DR53 Null (or allelic equivalents) are also required.

HLA-A	Splits (or associated specificities)
A1	
A2	
A3	
A9	A23, A24
A10	A25, A26, A34, A66
A11	
A19	A29, A30, A31, A32, A33, A74
A28	A68, A69
A36	
A43	
A80	

HLA-Cw	Splits (or associated specificities)
Cw1	
Cw2	
Cw3	Cw9, Cw10
Cw4	
Cw5	
Cw6	
Cw7	
Cw8	
Cw12	
Cw14	
Cw15	
Cw16	
Cw17	
Cw18	

HLA-B	Splits (or associated specificities)
B5	B51, B52
B7	
B8	
B12	B44, B45
B13	
B14	B64, B65
B15	B62, B63, B75, B76, B77
B16	B38, B39
B17	B57, B58
B18	
B21	B49, B50, B4005
B22	B54, B55, B56
B27	B2708
B35	
B37	
B40	B60, B61
B41	
B42	
B46	
B47	
B48	
B53	
B59	
B67	
B70	B71, B72
B73	
B78	
B81	
B82	
B83	
Bw4	
Bw6	

HLA-DR	Splits (or associated specificities)
DR1	
DR103	
DR2	DR15, DR16
DR3	DR17, DR18
DR4	
DR5	DR11, DR12
DR6	DR13, DR14
DR7	
DR8	
DR9	
DR10	
DR51	
DR51 NULL	
DR52	
DR53	
DR53 NULL	

HLA-DQ	Splits (or associated specificities)
DQ1	DQ5, DQ6
DQ2	
DQ3	DQ7, DQ8, DQ9
DQ4	