TISSUE TYPING LABORATORY TEST REQUEST FORM

Box 209 I Cambridge University Hospitals NHS Foundation Trust I ATC Level 6 I Addenbrooke's Hospital I Hills Road I Cambridge I CB2 0QQ

Tel: 01223 217739

Email: tissue.typing@nhs.net

https://www.cuh.nhs.uk/our-services/tissue-typing/



REQUESTER	Affix 'send report to' sticker, if preferable.	PATIENT	Affix patient addressograph sticker, if available.	
DETAILS	preferable.	DETAILS	avallable.	
Referring Hospital		First Name(s)		
Department		Surname		
Name of Doctor		Date of Birth		
Contact number for		Gender		
queries		NHS No.		
		Hospital No.		
CLINICAL DETAILS (Circle/complete as appropriate)				
Potential stem cell transplant recipient (e.g. AML/ALL/CLL)		Potential solid organ transplant recipient		
Provide white cell count:		Kidney / SPK / Heart / Lung / MVT		
Potential stem cell donor to:		Potential live kidney donor to:		
Please include Name, DOB, Hospital or NHS Number		Please include Name, DOB, Hospital or NHS Number		
HLA testing to aid:		Recent sensitisation event (provide date):		
Disease diagnosis		Blood transfusion		
Drug reaction		VAD		

SAMPLE	DETAILS
Sample date	

PRIVATE PATIENTS ONLY

Other (provide details):

If self funding, please provide postal and email address for invoice:

TEST REQUIRED		Please tick appropriate box(es)		
Transplant		Disease association/Drug reaction		
HLA specific antibody screen	9mL Serum	HLA-B27 (Ankylosing spondylitis/Uveitis)	2.6mL EDTA	
Donor specific antibody (DSA)	9mL Serum	HLA-B*57:01 (Abacavir sensitivity)	9mL EDTA	
Full HLA type	9mL EDTA	HLA-B51 (Behcet's disease)	9mL EDTA	
Confirmatory HLA type	9mL EDTA	HLA-DQ2/DQ8 (Coeliac disease)	9mL EDTA	
Live kidney donor Crossmatch	36mL EDTA	HLA-A29 (Birdshot retinopathy)	9mL EDTA	
Other (please specify)		HLA-DR15/DQ6 (Narcolepsy)	9mL EDTA	
		HLA-B58 (Allopurinol)	9mL EDTA	

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