Patient Information

Patient information and consent:
Donating a blood sample to the Tissue Typing Laboratory

Key messages for patients

- Please read this information carefully, you and your health professional will sign it to document your consent. Please bring this consent form with you to the hospital on the day of your procedure/treatment.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call the Tissue Typing laboratory on 01223 217739 and ask to speak to a senior member of staff if you have any questions or concerns.

After the procedure we will file the consent form in our laboratory records and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure/treatment has started (as long as it is safe and practical to do so).

We will also only carry out the procedure/treatment on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures/treatments you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure/treatment. However the person undertaking the procedure/treatment will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.
About donating a blood sample to the Tissue Typing laboratory

We would like you to consider donating a blood sample to help with a clinical test carried out by the Tissue Typing laboratory. The purpose of the test is to aid the care and treatment of patients who require a kidney, pancreas, heart or lung transplant. This is not a research project, but a well documented clinical laboratory procedure.

Patients who are waiting for an organ transplant sometimes produce antibodies in their blood because they have rejected a previous organ transplant, or had previous blood transfusions or a pregnancy. When a patient receives an organ transplant, these antibodies can bind to and then cause rejection of the transplanted donor organ.

In the Tissue Typing Laboratory, we regularly test the blood of patients who are on the transplant list to detect these antibodies. For one of these tests, we require white blood cells which are isolated from blood samples given by volunteers. The information from this test helps us to decide whether a potential organ donor is suitable (compatible) for a particular patient.

Why do you want to take a blood sample from me?

You have been asked to give a small blood sample for either of the following reasons:

- To accurately identify antibodies that might cause the loss of a transplanted organ, we need to use white blood cells from as many volunteers as possible. It is especially important that our volunteers come from a wide range of ethnic groups, because tissue types vary between different populations.
- Sometimes it is difficult to obtain enough B-lymphocytes (a type of white blood cell) from the blood of volunteers. If you have B-cell chronic lymphocytic leukaemia (CLL), you may have a higher number of B-lymphocytes in your blood than normal, and this is why you have been asked to donate an additional blood sample.

Intended benefits

You will not benefit from this directly. You will be indirectly helping people who are waiting for a transplant.

Who will take my blood sample?

This procedure/treatment will be performed by a phlebotomist who will take the blood sample from a vein in your arm in the same way as any regular blood test.

Significant, unavoidable or frequently occurring risks of this procedure

Venepuncture (taking a blood sample) is a very safe procedure and the risks are small. The main risks are: feeling light headed or fainting, discomfort or bruising at the site where the needle is inserted and infection (a slight risk in any minor procedure where the skin is broken). These complications usually are minor and go away shortly after the tests are done. Serious reactions to having blood taken are very uncommon.
What do I need to do to take part?

If you decide that you wish to volunteer a blood sample, please sign the following pages of the consent form. 10 ml of blood (one standard blood-test tube) will be taken. If you have a particularly useful tissue type, you may at a future time be asked for another blood sample. This time, a slightly larger 60 ml sample (six blood-test tubes) may be taken.

Will I get the results of the laboratory tests?

The results from our tests will be associated with the care of transplant patients. Therefore, for confidentiality reasons, we cannot make the results available to you. Your blood sample will be coded (so that your name will not be visible to the tester) for confidentiality purposes.

Virology testing

These volunteer blood samples are not routinely virology tested (tested for blood-borne viruses). In the unlikely event that a member of laboratory staff suffers a needle-stick injury while processing your blood sample, the sample will be anonymised (so that the volunteers name will not be visible to the tester) and coded (so that we can assimilate virology results to a particular volunteer) and tested for Hepatitis B, Hepatitis C and human immunodeficiency virus (HIV).

This will tell us if that member of staff is at risk of infection. If the results are negative for these viruses, no further action is taken. If any of the virology results are positive, we will inform you directly and offer appropriate advice. If the results are significant to your health, we will seek permission to inform your GP.

There is a space at the end of the consent form for you to indicate your choice and fill in details of your GP.

Alternative to this procedure

You do not have to donate a blood sample if you do not want to. You have the right to change your mind about donating blood at any time and do not need to explain why.

Information and support

If at any time you want to discuss this further, please contact a senior member of the team in the Tissue Typing laboratory, Telephone: 01223 217739; E-mail: tissue.typing@nhs.net
Information about important questions on the consent form

1 Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment; they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

2 Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

Privacy & Dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

Authors Sophie Laflin, Tissue Typing
Department Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number 01223 217739
Publish/Review date April 2018 / April 2021
File name CF173_tissue_typing_v5.doc
Version number/Ref 5 / CF173

Donating a blood sample to the Tissue Typing Laboratory, CF173, Version 5, April 2018
Donating a blood sample to the Tissue Typing Laboratory

You will not benefit from this directly. You will be indirectly helping people who are waiting for a transplant.

Venepuncture (taking a blood sample) is a very safe procedure and the risks are small. The main risks are: feeling light headed or fainting, discomfort or bruising at the site where the needle is inserted and infection (a slight risk in any minor procedure where the skin is broken).

Alternative procedure is to decline to volunteer to give a blood sample.
Donating a blood sample to the Tissue Typing Laboratory

Patient information and consent: Donating a blood sample to the Tissue Typing laboratory

Version, reference and date: 

or I have offered the patient information about the procedure/treatment but this has been declined.

This procedure/treatment will involve:

- General and/or regional anaesthesia
- Local anaesthesia
- Sedation
- None

Signed (Health professional):

Date: D.D.M.M.Y.Y.

Name (PRINT):

Time (24hr): H.H.; M.M.

Designation:

Contact/bleep no:

Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure/treatment have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information on ‘Consent’ and then put a tick in the relevant boxes for the following questions:

Photography, Audio or Visual Recording

a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

Students in training

I agree to the involvement of medical and other students as part of their formal training.

[C1 not applicable for this procedure]
Donating a blood sample to the Tissue Typing Laboratory

In the unlikely event that a member of laboratory staff suffers a needle-stick injury while processing your blood sample, the sample will be anonymised and coded (so that we can assimilate virology results to a particular volunteer) and tested for Hepatitis B, Hepatitis C and human immunodeficiency virus (HIV). If the results are negative for these viruses, no further action is taken. If any of the virology results are positive, we will inform you directly or inform your GP, and further advice and follow up arranged as necessary.

Name & surgery address of your GP: …………………………………………………
…………………………………………………………………………………………
………………………………….

I have listed below any procedures/treatments that I do not wish to be carried out without further discussion.

…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………

I have read and understood the Patient Information about this procedure/treatment and the above additional information. I agree to the procedure or treatment.

Signed (Patient): …………………………………………………………………………… Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT): ……………………………………………………………………………

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed: ………………………………………………………………………………………… Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient: ……………………………………………………………………………………………

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): ………………………………………………………………………………………… Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): ……………………………………………………………………………………………
Address: …………………………………………………………………………………………………………………
Consent Form

Donating a blood sample to the Tissue Typing Laboratory

D Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the procedure/treatment to go ahead.

Signed (Health professional): .............................................. Date: ..............................................
Name (PRINT): ............................................................... Job title: .............................................................

Please initial to confirm all sections have been completed: .............................................................

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): .............................................................. Date: ..............................................................
Name (PRINT): ..............................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .............................................................. Date: ..............................................................
Signed (Health professional): ................................................ Date: ..............................................................
Name (PRINT): ............................................................... Job title: .............................................................