

Histocompatibility Test Request Form

Patient Details

Name: _____

S/O, W/O, D/O: _____

Age/Sex: _____ Blood Group: _____

Relation with Donor _____

Paste copy of recent
coloured photograph
of patient attested by
requesting clinician's
signature and rubber
stamp

Donor Details

Name: _____

S/O, W/O, D/O: _____

Age/Sex: _____ Blood Group: _____

Relation with Recipient _____

Paste copy of recent
coloured photograph
of patient attested by
requesting clinician's
signature and rubber
stamp

CONSENT: We confirm the above said relationship

Signature of Patient

Signature of Donor

Signature & Stamp of Requesting Clinician

This sample was collected by me after verification - Name & Signature of Phlebotomist:

Date & Time of collection:

Clinical History of the Patient

1. Clinical History: _____
2. Number of / Date of Last blood transfusion (If Yes-sample will be accepted minimum 15 days after last transfusion): _____
3. Date & Time of last dialysis (Sample will be accepted after a minimum of 24 hrs after last dialysis) : _____
4. History of previous transplants - Yes/No (If yes, attach the following documents for laboratory use to give interpretation)
 - a) A short summary of the post-transplant clinical course- note from physician
5. Immunological Reports viz. previous donor & recipient HLA Typing, Cross-match reports, HLA Antibody reports,
6. History of medications and therapies within last four weeks of sending the test

☐ Plasmapheresis ☐ Rituxumab ☐ IVIG ☐ Antithymocyte globulin ☐ Anti Lymphocyte Globulin
7. In case of female patient, history of pregnancies, abortions _____
8. Viral markers (☐ HCV / ☐ HBV) Others _____

Mandatory Requirements

- Test Request Form- completely filled along with required documents
- Copy of Govt Issued Photo-identification of recipient and donor

FORM 5 – Required / Not required

Turn around time for test reports: - All cross-matches will be reported in 3 working days.
All HLA typing and antibody profiles will be reported in 5 working days.

All Emergency tests requests will be charged 25% over and above the baseline charges. Emergency test results will be communication via email and telecommunication to the requesting clinician within 6-8 hrs of receipt of the sample.

Reports will be communicated with the referring clinician and the patient on email. If critical reports noted, a verbal communication, in addition to an email will be done with the referring clinician

Patient: Email address _____

Tel No _____

Requesting Clinician: Email address _____

Tel No _____

Test Codes		Test Name	Test description	Sample type & volume
HLA Crossmatches (XM)				
BCDC	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Basic CDC Crossmatch	AHG enhanced total Lymphocytes – Allo & Auto XM up to 1:4 dilution. DTT treatment to serum if required	Donor- 2 EDTA (4 ml each) Recipient- 1 Red/ Yellow (5ml) + 1 EDTA tubes
CCDC	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Comprehensive CDC Crossmatch	AHG enhanced T cell, B Cell – Allo & Auto XM up to 1:4 dilutions. DTT treatment to serum if required	Donor- 3 EDTA (4 ml each), Recipient- 1 Red / Yellow cap (5ml)+ 3 EDTA tubes
FCXM AFCXM PFCXM	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Flow Cytometry Crossmatch <input type="checkbox"/> Allo Flow Crossmatch <input type="checkbox"/> Pronase Flow Crossmatch	FCXM - Allo, Auto, Dilution (1:8) AFCXM - Allo, Dilution (1:8) PFCXM – Pronase treated Allo, Dilution (1:8)	Donor- 3 Heparin (3 ml each) and Recipient- 1 Red / Yellow cap (5ml), 3 Heparin tubes
DBCDC DCCDC DFCXM DAFCXM DPFCXM	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Antibody Titration for positive XM	All the XMs as described above in each category with added dilutions till XM turns negative	Donor- 4 Heparin (3 ml each) and Recipient- 1 Red / Yellow cap (5ml), 4 Heparin tubes
TBCDC TCCDC TAFcXM TPFCXM	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> HLA XM Trend analysis	All the XMs as described above in each category are done with current, peak, historic sera (this will test memory response)	Donor- 4 Heparin (3 ml each) and Recipient- 1 Red / Yellow cap (5ml) * If peak, historic sera available in the lab
VXM	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> HLA Virtual cross match and/ OR composite Histocompatibility report	Single Antigen Bead profile from an NABL accredited lab or ATDI lab will be analysed with donor's HLA antigens for HLA compatibility	-
EPVXM	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Analysis and detection of antibody verified eplets	Eplet load will be determined using HLA Typing (Intermediate resolution) of recipient and donor. HLA antibodies identified by SAB will be checked against mismatched eplets	-
EPL	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Analysis of eplets load and mismatched eplets	Eplet load will be determined using HLA Typing (Intermediate resolution) of recipient and donor	-
HLA Molecular Typing - Intermediate Resolution (PCR – SSO method)				
SSO1	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> HLA Single Locus	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> DRB1 <input type="checkbox"/> DP <input type="checkbox"/> DQ <input type="checkbox"/> DRB345 <input type="checkbox"/> Recipient / <input type="checkbox"/> Donor	EDTA 1 tube (3 ml each)
SSO2	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> HLA A, B, DR	<input type="checkbox"/> Recipient / <input type="checkbox"/> Donor	EDTA 1 tube (3 ml each)
SSO3	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> HLA A,B,C, DR, DP, DQ, DR, DRB345	<input type="checkbox"/> Recipient / <input type="checkbox"/> Donor	EDTA 1 tube (3 ml each)
HLA Antibody Monitoring				
PRAI	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Panel Reactive antibodies Class I (%)	Antibody quantification for HLA Class I	Recipient 1 Red/Yellow cap (5ml)
PRAII	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Panel Reactive Antibodies Class II (%)	Antibody quantification for HLA Class II	Recipient 1 Red/Yellow cap (5ml)
SCPRAI&II	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Panel Reactive Antibodies Screening Class I&II (%)	Extensive beads for screening of Class I and II antibodies. PRA% will also be given in report.	Recipient 1 Red/Yellow cap (5ml)
SABI	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Single Antigen Bead Assay Class I	Antibody identification & quantification for HLA Class I	Recipient 1 Red/Yellow cap (5ml)
SABII	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Single Antigen Class Bead Assay II	Antibody identification & quantification for HLA Class II	Recipient 1 Red/Yellow cap (5ml)

SABI&II	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Single Antigen Class Bead Assay I&II	Antibody identification & quantification for HLA Class I & II	Recipient 1 Red/Yellow cap (5ml)
C1QSABI	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Single Antigen Bead Assay Class I with C1q	Identification & quantification of complement binding HLA Class I antibodies	Recipient 1 Red/Yellow cap (5ml)
Test Codes		Test Name	Test description	Sample type & volume
C1QSABII	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Single Antigen Bead Assay Class II with C1q	Identification & quantification of complement binding HLA Class II antibodies	Recipient 1 Red/Yellow cap (5ml)
C1QSABI&II	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Single Antigen Bead Assay Class I and II with C1q	Identification & quantification of complement binding HLA Class I and II antibodies	Recipient 1 Red/Yellow cap (5ml)
Antibody Trend Analysis				
TRPRA	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Panel Reactive Antibody Screen Trend	Antibody screening/identification - pre & post desensitization treatment	Recipient 1 Red/Yellow cap (5ml)
TRSABI	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Single Antigen Bead Assay Class I Trend		Recipient 1 Red/Yellow cap (5ml)
TRSABII	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Single Antigen Bead Assay Class II Trend		Recipient 1 Red/Yellow cap (5ml)
TRSABI&II	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Single Antigen Bead Assay Class I & II Trend		Recipient 1 Red/Yellow cap (5ml)

Test Codes		Test Name	Test description	Sample type & volume
Non - HLA Antibodies				
ECFXM	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Endothelial Cell crossmatch	Flow cytometry based Endothelial cell crossmatch to detect non-HLA antibodies against endothelial cells for Renal transplant patients	Donor- 3 EDTA (4 ml each) Recipient- 1 Red/ Yellow (5ml) + 3 EDTA tubes
AECA	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Anti-Endothelial Cell antibodies	Detection of anti-Endothelial antibodies using ELISA method for Renal transplant patients	Recipient- 1 Red / Yellow cap (5ml)
AT1R	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Angiotensin II type 1 receptor antibodies	Detection of a Angiotensin II type 1 receptor antibodies using ELISA method for Renal transplant patients	Recipient- 1 Red / Yellow cap (5ml)
SABMICA	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Single Antigen Class Bead Assay MICA	Antibody identification & quantification for MICA antigens using SAB	Recipient 1 Red/Yellow cap (5ml)
NHAS	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Non-HLA antibody screening	Antibody screening for panel of 32 different Non-HLA antibodies in organ transplant patients.	Recipient- 1 Red / Yellow cap (5ml)
C-NHAS	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Comprehensive Non-HLA antibody screening	Antibody screening for AECA, AT1R, SAB-MICA and other Non-HLA antibody panel for transplant patients	Recipient- 1 Red / Yellow cap (5ml),