

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

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 _____

ATDI Lab Pvt Ltd is Accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL)



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 XM	Single Antigen Bead profile from an NABL accredited lab or ATDI lab will be analysed with donor's HLA antigens for HLA compatibility	Donor- 2 EDTA (4 ml each) Recipient- 1 Red/ Yellow (5ml) + 1 EDTA tubes
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"/> DR <input type="checkbox"/> DP <input type="checkbox"/> DQ <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	<input type="checkbox"/> Recipient / <input type="checkbox"/> Donor	EDTA 1 tube (3 ml each)
HLA Antibody Monitoring				
LSI&II	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Panel Reactive Antibody Screen	Antibody screening for HLA Class I, II & MICA antigens	Recipient 1 Red/Yellow cap (5ml)
PPRAI	<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)
PPRAII	<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)
PRA I&II	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	<input type="checkbox"/> Panel Reactive Antibodies Class I&II (%)	Antibody quantification for HLA Class I & II	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)
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)