

**Donor Information**

Form-0702 Rev 4 Effective Date 11/01/2018

<b>Last Name:</b> _____	<b>Donor Sample Information:</b>
<b>First Name:</b> _____	<b>Collection Date:</b> ____/____/____ <b>Time:</b> _____ AM/PM
UNOS ID (solid organ/VCA): _____ MRN: _____	Requesting Physician: _____
NMDP ID (BM): _____	NPI: _____ Ph./Pager: _____
<b>DOB:</b> ____/____/____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Hospital: <input type="checkbox"/> CMC <input type="checkbox"/> CUH <input type="checkbox"/> PMH <input type="checkbox"/> VA <input type="checkbox"/> Other: _____
Transplant: <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Other: _____	<b>Send Report To:</b>
Donor Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	Name: _____
<b>Recipient Information:</b>	Address: _____
<b>Recipient Name</b> (Last, First): _____ MRN: _____	City: _____ State: _____ Zip: _____
Recipient NMDP ID (BM only): _____	Phone: _____ Fax: _____
Recipient DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Email: _____
<b>Relationship to recipient:</b> _____	<b>Sample Storage:</b>
	All clots (red top) & tissue (nodes & spleen) must be refrigerated.
	All ACD-Solution A (yellow top) are kept at room temp.

**Solid Organ Transplantation/VCA** (DNA and/or Serum inventory should be ordered with all applicable HLA services).

Test	Test Description	Min. Specimen Requirements
<input type="checkbox"/>	<b>Molecular HLA Typing (HLA-A, -B, -C, -DRB1, -DRB3/4/5, -DQ)</b>	2x 10 mL ACD-A (yellow)
<input type="checkbox"/>	<b>Molecular Typing- Single Locus:</b> <input type="checkbox"/> Use historical sample <input type="checkbox"/> HLA-DPB1 <input type="checkbox"/> HLA-DQA <input type="checkbox"/> Other: _____	10 mL ACD-A (yellow) / none if historical sample available in lab
<input type="checkbox"/>	<b>Preliminary or Prospective Crossmatch</b> (T and B cell flow cytometry XM)	<b>Living Donor:</b> 5x10mL ACD-A <b>Deceased Donor:</b> pre-node or 5x10 mL ACD-A
<input type="checkbox"/>	<b>Final or Retrospective Crossmatch - Includes Donor HLA typing when appropriate</b> (T and B cell flow cytometry XM)	<b>Living Donor:</b> 5x10mL ACD-A <b>Deceased Donor:</b> 10mL clot, 10mL ACD-A & node and spleen. If tissue not available, provide 5x10 mL ACD-A.
<input type="checkbox"/>	<b>Inventory</b> <input type="checkbox"/> Serum Inventory <input type="checkbox"/> DNA Inventory	10mL clot (red) 2x10mL ACD-A (yellow)

**Bone Marrow** (DNA and/or Serum inventory should be ordered with all applicable HLA services).

Test	Test Description	Min. Specimen Requirements
<input type="checkbox"/>	<b>Molecular HLA Typing –Low/ Intermediate resolution (HLA-A, -B, -C, -DRB1/3/4/5, -DQ)</b>	2x10 mL ACD-A (yellow)
<input type="checkbox"/>	<b>Molecular HLA Typing – Low/ Intermediate resolution</b> <input type="checkbox"/> (Class I only) <input type="checkbox"/> (Class II only)	2x10 mL ACD-A (yellow)
<input type="checkbox"/>	<b>Molecular HLA Typing – High resolution SBT (HLA-A, -B, -C, -DRB1, -DQ)</b> <input type="checkbox"/> DPB1	2x10 mL ACD-A (yellow)
<input type="checkbox"/>	<b>Confirmatory Typing</b>	2x10 mL ACD-A (yellow)
<input type="checkbox"/>	<b>Crossmatch for Bone Marrow Transplantation (sensitized recipient)</b> T and/or B cell flow cytometry	<b>Donor:</b> 40 - 50 mL ACD-A + 10 mL clot <b>Patient:</b> 10 mL clot
<input type="checkbox"/>	<b>Inventory</b> <input type="checkbox"/> Serum Inventory <input type="checkbox"/> DNA Inventory	
<input type="checkbox"/>	<b>Other Test:</b>	Consult the Lab

For office use only	Tech Initials	# ACD	# Clot	# Node	# Spleen	Comment
Rec'd Date & Time						