REQUEST FOR TISSUE TYPING
POTENTIAL ORGAN DONOR TESTING

URGENT REQUEST

Office hours delivery:	**After Hours/Weekend delivery:**	**Laboratory use only:**
New Zealand Transplantation and Immunogenetics Laboratory (NZTIL) NZ Blood Service 71 Great South Road Epsom 1051 Auckland **NEW ZEALAND** **Telephone: (09) 523 5731** **eFax: nztilefax@nzblood.co.nz** **email: sot@nzblood.co.nz**	**Auckland City Hospital Blood Bank** Level 2, Building 32 Grafton Road Grafton 1023 Auckland **NEW ZEALAND** **Telephone: (09) 307 2834**	Received by _____ Registered by _____ **Event No.**

FULL AND ACCURATE COMPLETION OF THIS FORM IS ESSENTIAL

This form must accompany the Donor Pack – place inside pack

Step 1. **POTENTIAL DONOR DETAILS**
*(Attach identification label or complete **all** written details)*

Family Name		
Given Names		
NHI	**Date of Birth**	**Gender**
Ward	**Hospital**	

Step 2. **SAMPLE REQUIREMENTS**

If the potential donor has received a massive transfusion protocol (MTP) please contact NZTIL (09) 523 5731.

- 4 x 9mL CPDA
- 1 x 6mL Clotted
- 2 x 6mL K2E (EDTA)
- 2 x 5mL PPT

MIX SAMPLES WELL – DO NOT REFRIGERATE

Step 3. **NZBS TESTING REQUIREMENTS**

Blood Bank Workup	**NZTIL Workup**	**Infectious Disease Workup**
☑ ABO & Rh(D) group Sub type if donor is Group A	☑ HLA Typing - (HLA-A,-B,-C,-DR,-DQ,-DP) ☑ Transplant crossmatch	☑ Anti-HIV ☑ Anti-HTLV1&2 ☑ Anti-CMV ☑ Anti-HCV ☑ Syphilis ☑ HbsAg ☑ Anti-HBs ☑ Anti-HBcAb ☑ MalariaAb ☑ Nucleic Acid Testing (HIV/HCV/HBV)

Step 4. **NAME OF REQUESTING PRACTITIONER / COORDINATOR**

Practitioner / Coordinator / Nurse: _____ Signature: _____

Email Address: _____

Step 5. **SPECIMEN COLLECTOR DECLARATION**

* I certify that the blood specimen(s) accompanying this request form was drawn from the donor named above.
* I established the identity of this donor by inspection of their wristband.
* Immediately upon the blood being drawn I labelled and signed the specimen(s) at the bedside.

Date/Time of collection: _____ Contact No: _____

SIGNATURE OF COLLECTOR: _____ Print Name: _____
Doctor/Coordinator/Nurse (please circle)