



London Laboratory Services Group

TRANSPLANT LAB - University Hospital

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### HLA ANTIBODY INVESTIGATION

**NOTE: Testing cannot proceed unless all of Section A is completed.**

See back page for Sample Requirements

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TEST ORDERED BY: \_\_\_\_\_ **OR**  Protocol      COLLECTION DATE (YYYY/MM/DD): \_\_\_\_\_

SEND REPORT TO: \_\_\_\_\_      SAMPLE COLLECTED BY: \_\_\_\_\_

**REQUESTED TEST GUIDE:**

- ROUTINE ANTIBODY INVESTIGATION FOR PATIENTS ON THE DECEASED DONOR WAITING LIST
- ROUTINE ANTIBODY INVESTIGATION FOR PATIENTS ON THE LIVING DONOR WAITING LIST
- POSSIBLE POST-TRANSPLANT REJECTION (specificity testing by solid phase - DSA or "Donor-Specific Antibodies")
- 2 WEEK POST-TRANSFUSION SAMPLE
- OTHER: \_\_\_\_\_

PATIENT LOCATION:  LHSC IV     LHSC OP     LHSC IP     Reference Centre     Dialysis (Site: \_\_\_\_\_)

**DO NOT WRITE BELOW THIS LINE - DO NOT WRITE BELOW THIS LINE - DO NOT WRITE BELOW THIS LINE - DO NOT WRITE BELOW THIS LINE**

TESTING DATE (YYYY/MM/DD): \_\_\_\_\_      SAMPLE ID #: \_\_\_\_\_

**PRA TESTING (SOLID PHASE-BEADS):**

CLASS I RESULTS (IgG) = \_\_\_\_\_ %

CLASS II RESULTS (IgG) = \_\_\_\_\_ %

**PRA TESTING (DYE EXCLUSION):**

T CELL RESULTS (CDC+AHG, REGULAR PANEL) = \_\_\_\_\_ %

B CELL RESULTS (CDC, REGULAR PANEL) = \_\_\_\_\_ %

T CELL RESULTS (CDC+AHG, QUICK SCREEN PANEL) = \_\_\_\_\_ %

**SPECIFICITY TESTING, "TEST for ANY ANTIBODY SPECIFICITIES" (SOLID PHASE-BEADS):**

CLASS I SPECIFICITIES (IgG) DETECTED:  Yes  No

CLASS II SPECIFICITY (IgG) DETECTED:  Yes  No

**SPECIFICITY TESTING, "TEST for DONOR-SPECIFIC ANTIBODIES" (SOLID PHASE-BEADS):**

(REFERS ONLY TO THE DONOR LISTED BELOW)

DONOR NAME: \_\_\_\_\_ (IF PUBLIC)

DONOR PIN: \_\_\_\_\_ (IF PUBLIC)

DONOR TGLN: \_\_\_\_\_

CLASS I DSA (IgG) DETECTED:  Yes  No

CLASS II DSA (IgG) DETECTED:  Yes  No

	SPECIFICITY	STRENGTH	COMMENT
anti-HLA A			
anti-HLA A			
anti-HLA B			
anti-HLA B			
anti-HLA Cw			
anti-HLA Cw			

	SPECIFICITY	STRENGTH	COMMENT
anti-HLA DR			
anti-HLA DR			
anti-HLA DQ			
anti-HLA DQ			
anti-HLA DRw			
anti-HLA DRw			

**COMMENTS:**

REPORT RELEASE DATE (YYYY/MM/DD): \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

**SAMPLE REQUIREMENT:** 1 X 7cc Red Top (no additives)

**PATIENT PREPARATION:** Do not draw the sample from a site that may be contaminated with an anticoagulant.

Dialysis patients should have the sample drawn pre-dialysis and by venipuncture

Patients undergoing desensitization therapy should have the sample taken prior to apheresis or administration of therapeutic agents such as IVIg or monoclonal antibodies.

**SAMPLE TRANSPORT:** All samples that will arrive in the Transplant Laboratory within 24 hours of draw should be shipped and stored refrigerated.

All samples that will arrive in the Transplant Laboratory > 24 hours after the draw "should be spun and have the serum separated, frozen and shipped on dry ice."