





Pathology and Laboratory Medicine

# Orderable - HLA Workup Living Donor-Pre-op

#### **Alternate Name(s):**

Freeze blood



**Laboratory:** Transplant Lab



Requisition:
TRANSPLANT
LABORATORY
REQUISITION



Method of Analysis:



**Test Schedule:**As required Monday to Friday except Stat holidays

## Specimen:

#### **Donor Requirements:**

6 x 6mL Sodium Heparin (dark green tops, no separator gel)

Note: smaller volumes apply for paediatric patients. Contact the Transplant Laboratory for details: 519-663-3320

#### **Collection Information:**

The Living Donor pre-op samples are bled after the donor is admitted as an in-patient prior to transplant.

#### **Reference Ranges:**

See report

#### **Comments:**

This donor blood will be frozen in liquid nitrogen for possible future testing.

#### **Critical Information Required:**

The recipient ID (MRN#) is required when ordering the testing

### **Storage and Shipment:**

Frozen isolated donor blood will be stored in the laboratory.