

TISSUE IMMUNOLOGY REQUEST FORM

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SANBS
 South African National Blood Service
 Registration No. 2000/026390/09

NB: PLEASE ENSURE ALL SECTIONS ARE COMPLETED IN FULL NOTE: Incorrect / Incomplete / Illegible Details May Lead To The Samples Not Being Tested

PERSON BEING TESTED				RECIPIENT		DONOR	
SURNAME		FIRST NAME					
GENDER: MALE / FEMALE		RACE		DOB / ID NUMBER			
HOSPITAL NUMBER		HOSPITAL		WARD		ICD 10 CODE	
IF DONOR PLEASE STATE RELATIONSHIP TO RECIPIENT							

GUARANTOR DETAILS				RECIPIENT DETAILS (IF DONOR BEING TESTED)			
SURNAME				SURNAME			
FIRST NAME/S				FIRST NAME/S			
ID NUMBER				ID NUMBER			
MEDICAL AID				HOSPITAL / CLINIC			
MEDICAL AID NUMBER				HOSPITAL No.		WARD	
RESIDENTIAL ADDRESS				GENDER: MALE / FEMALE		RACE	
		POSTAL CODE		ICD 10 CODE			
TELEPHONE NUMBER				DIAGNOSIS		SENSITISATION HISTORY	
<i>I the undersigned hereby give consent for Specialised Laboratory Services to conduct tests and guarantee payment of any outstanding amounts not covered by the medical aid or exceeding estimate.</i>						PREGNANCY	
						BLOOD TRANSFUSION	
						TRANSPLANT	
SIGNATURE		DATE					

DOCTOR DETAILS		PHELEBOTOMIST DETAILS	
REQUESTING DOCTOR		SAMPLES COLLECTED BY	
EMAIL ADDRESS		DATE	TIME
TELEPHONE		SIGNATURE	
DR PRACTISE No.			

TEST REQUESTS		SAMPLES REQUIRED	IF NOT REQUESTING DOCTOR, SEND REPORT TO:	
ABO BLOOD GROUP		1 CLOTTED (No gel)	NAME	
T & B CELL CROSSMATCH		RECIPIENT	1 CLOTTED (No gel)	TEL No.
		DONOR	4 ACD	EMAIL ADD.
CADAVER DONOR TESTING		10 ACD	FOR LABORATORY USE ONLY	
HLA CLASS I BY DNA		A* B* C*	PRA SAMPLE SEPARATED BY:	
HLA CLASS II BY DNA		DRβ 1* DQ*	NAME	
ALLELE SPECIFIC TYPING BY DNA EG. B*27 / A*29 / DQB1* 0602		2 ACD	SIGNATURE	DATE
HLA MATCHED PLATELET REQUEST		2 ACD AND 2 CLOTTED (No gel)	MEDITECH NUMBER	
HUMAN PLATELET ANTIBODY SCREEN		2 ACD AND 2 CLOTTED (No gel)		
HUMAN PLATELET ANTIGEN GENOTYPING		2 ACD		
HLA ANTIBODY (PRA TESTING)		2 CLOTTED (No gel)		
• LSM SCREEN (CLASS I & II & MIC A)				
• SINGLE ANTIGEN I CLASS I IDENTIFICATION				
• SINGLE ANTIGEN II CLASS II IDENTIFICATION				
POST TRANSPLANT MONITORING / DESENSITISATION TESTING		2 CLOTTED (No gel)		
SAMPLE STORAGE FOR TRANSPLANT LIST		2 CLOTTED (No gel)		

COMMENTS		SAP NUMBER

PLEASE NOTE: SANBS shall take reasonable steps to keep your personal information confidential, safe, protected and secure and shall under no circumstances, publish, issue, circulate, distribute or share it with third parties in any form, unless authorised and/or required and/or allowed in terms of law, regulation, standard, directive, ruling, guideline, notice, or by-law.

LABORATORY DATE/TIME STAMP	SIGN