VERIFICATION TYPING REQUEST

Request Date (DD/MM/YYYY) :	
1. PATIENT DATA	
Patient last name:	Patient first name:
Patient registry:	
Diagnosis:	
Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)
Date of birth: (DD/MM/YYYY)	Gender: ☐ Male ☐ Female
Transplant centre:	

2. DONOR(s)		
Donor Registry	**Donor ID**	**GRID**

3. Requirement	
☐ Sample request (go to Section **4**)	☐ Request typing at donor registry (go to Section **5***)

4. BLOOD SAMPLE REQUIREMENTS	
Label each specimen tube with Patient name; Patient ID, Donor ID or GRID, Collection date and time	
☐_____mls EDTA	☐ _____ mls no anticoagulant
☐ ____ mls ACD	☐ **Others:** ____mls _____

SAMPLE ARRIVAL DATE ARRANGEMENT

Acceptable days of the week to receive samples: (check all that apply)

Days of Advance Notice: _____days

☐ Monday	☐ Tuesday	☐Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday

Remarks

Avoid public holiday on _____(date)

SAMPLE DELIVERY ADDRESS

Institution:

Address:

Attention to:

Phone:

Fax:

Email:

SHIPPING INSTRUCTIONS
1. Shipped by Federal Express & please charge to FedEx A/C # 2730-3071-9. 2. Carefully check if any leakage form specimen tubing before packing up. 3. Diagnostic specimen must be packed in accordance with IATA Packing Instruction 650. 4. Label outermost layer of packing: URGENT – Non-infectious Human Blood Samples for diagnostic test only. DO NOT refrigerate.

5. TYPING AT DONOR REGISTRY
Type of HLA request HR for ☐A ☐B ☐C ☐DRB1 ☐DQB1 ☐ DPB1 ☐ Extra loci_____

6. INVOICE(S) TO BE SENT TO
Institution: **Address:** **Attention to:** **Phone:** **Fax:** **Email:**

DISCLAIMER: The cell products collected from the donor are intended solely for the purpose of diagnostic testing on behalf of the above mentioned patient. No other use is permissible. Excess blood volume is allowed for quality control testing only but not for research purposes. Any portion of the cells not used for the intended testing must be disposed of properly. By accepting these cells, the transplant physician also accepts these terms and conditions. Requests for deviations from these terms must be submitted in writing to the donor registry for approval.
COMMENTS:

Person completing form:	**Date: (DD/MM/YYYY)**	**Signature:**