

## GENETICS & MOLECULAR BIOLOGY

Transplant Immunology

### PATIENT DETAILS

(In BLOCK letters)

Full Name

DOB   /   /       Age   /   Gender  M  F Blood Group

Disease

**Donor**

Donor Name

DOB   /   /       Age   /   Gender  M  F Blood Group

Pregnancy Details / Abortion .....

Renal  Bone Marrow  Lung  Heart  Liver  
 Other .....

Transfusion Details of Patient .....

Medication / Drug Detail .....

Mandatory Documents :  Aadhar Card  Voter ID  Birth Certificate

**Patient Sample Information**

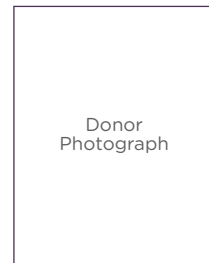
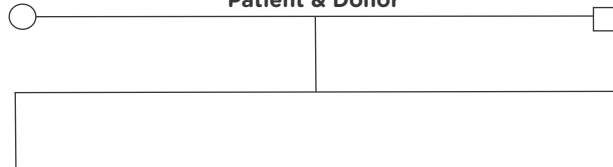
Collection Date   /   /      Time   AM / PM Contact No.

Requesting Physician

Ethnicity  Caucasian  African  Asian  Indian  Other



Pedigree/Relationship between Patient & Donor



Send Report To

Address

City  State  Zip Code

E-mail ID  Contact No.

### PATIENT MEDICAL INFORMATION

Does the patient have an autoimmune disease (i.e.:Lupas)  Yes  No If yes, specify .....

Medical Diagnosis (specify) .....

Previous Transplant  Yes  No Organ ..... Donor ID ..... Tx Date .....

Did the patient received blood products (ever)?  Yes  No  Unknown Date last received .....

Did the patient have pregnancies / miscarriages?  Yes  No  Unknown # of Pregnancies / Miscarriages

Did the patient received any antibody based therapy (i.e. ATG, Ivig, Rituximab, Basiliximab, etc.)?  Yes  No

Specify ..... Date last received .....

For office use only Rec'd Date & Time	Tech Initials	# ACD	# Clots	# Na Heparin	Comment

**All HLA Typing services include DNA extraction and storage.**

- \* Sample is freshly collect and Serum sample should not lipidemic requested to collect on 4hour fasting.
- \* All kind of reports based on Luminex platform is 3 days: like DSA, Single antigen (Class-I & Class-II), Panel reactive antibodies (Class-I & Class-II), Antibody screening, HLA typing low resolution
- \* HLA typing high resolution reporting time approx 7 days
- \* For all requested tests with this TRF required government ID proof (PAN Card, Adhar Card, Rashan Card) revealing the identity and relationship of patient and donor.
- \* Clinical history of the patient helps us to better understanding and interpretation of result needed to fill complete TRF.

## Transplant Immunology & Immunogenetics services (Please complete patient medical history section on reverse side)

Test	Test Description	TAT	Specimen Requirements
<input type="checkbox"/>	HLA typing by Luminex A,B,C,DR & DQ (low resolution)	3 days	8 ml EDTA blood sample (Purple top)
<input type="checkbox"/>	HLA typing by Luminex A, B, DR	3 days	8 ml EDTA blood sample (Purple top)
<input type="checkbox"/>	HLA G (High resolution)	7 days	8 ml EDTA blood sample (Purple top)
<input type="checkbox"/>	HLA typing by Next generation sequencing based typing (High resolution) A, B, C,DR & DQ (DPB - if required)	7 days	8 ml EDTA blood sample (Purple top)
<input type="checkbox"/>	Compliment dependent cross-matching (CDC crossmatching) <ul style="list-style-type: none"> <li>▪ Total Lymphocyte cross-matching</li> <li>▪ T cell lymphocyte cross-matching- AHG*</li> <li>▪ B cell lymphocyte cross-matching -AHG*</li> <li>▪ Auto patient's cross-matching</li> <li>▪ Auto donor cross-matching</li> <li>▪ DTT treated serum cross-matching</li> </ul> *anti-human globulin (AHG) crossmatch"	3 days	Donor - 10ml Heparin sample (green top) Recipient - 4 ml plain tube / ECD tube serum sample (Red top or yellow top)
<input type="checkbox"/>	Flow cytometry cross-matching: <ul style="list-style-type: none"> <li>·T cell lymphocyte</li> <li>·B cell lymphocyte</li> </ul>	3 days	Donor - 10ml Heparin sample (green top) Recipient - 4 ml plain tube(Red top) ECD tube serum sample (Red top or yellow top)
<input type="checkbox"/>	Donor Specific Antibody (DSA) By Luminex	3 days	Donor - 10ml Heparin sample (green top) Recipient - 4 ml plain tube(Red top) ECD tube serum sample (Red top or yellow top)
<input type="checkbox"/>	Panel reactive antigen HLA-Class-I and HLA-Class-II(PRA) By Luminex:	3 days	Recipient - 4 ml plain tube(Red top) ECD tube serum sample (Red top or yellow top)
<input type="checkbox"/>	Single antigen panel for HLA-Class I and HLA-Class (SAP) (By Luminex):	3 days	Recipient - 4 ml plain tube(Red top) ECD tube serum sample (Red top or yellow top)
<input type="checkbox"/>	HLA typing by Luminex DRB3,DRB4 & DRB5	3 days	8 ml EDTA blood sample (Purple top)
<input type="checkbox"/>	HLA (DRB1 / DQA1)	3 days	8 ml EDTA blood sample (Purple top)
<input type="checkbox"/>	HLA B5*(51/52)	3 days	8 ml EDTA blood sample (Purple top)
<input type="checkbox"/>	HLA DQB1/ DQA1 FOR CELIAC DISEASE	7 days	8 ml EDTA blood sample (Purple top)
<input type="checkbox"/>	SINGLE MICA ANTIGEN PANEL		Recipient - 4 ml plain tube(Red top) ECD tube serum sample (Red top or yellow top)
<input type="checkbox"/>	DNA profiling for patient and donor relationship establishment (STR Analysis)	10 days	8 ml EDTA blood sample (Purple top)

### Neuberg Centre for Genomic Medicine (NCGM)

Near GPL House, Opp. Armedia, Sindhu Bhavan Road, Bodakdev, Ahmedabad 380059  
 Phone: +91-6357244307, 079-61618111 | Email: contact@ncgmglobal.com | Web: www.ncgmglobal.com

## Disease Association

Test	Test Description	Specimen Requirements
<input type="checkbox"/>	HLA-A 2901/2902 for birdshot retinopathy	10 ml EDTA (Purple top)
<input type="checkbox"/>	HLA-B*27 for ankylosing spondylitis	10 ml EDTA (Purple top)
<input type="checkbox"/>	HLA-B*51 for Behcet's disease	10 ml EDTA (Purple top)
<input type="checkbox"/>	HLA-B*5701 for abacavir sensitivity	10 ml EDTA (Purple top)
<input type="checkbox"/>	HLA-B*5801 for allopurinol induced Stevens-Johnson syndrome risk	10 ml EDTA (Purple top)
<input type="checkbox"/>	HLA-DQA 05/DQB1*02, DQA*03/DQB1*0302 for Celiac disease risk	10 ml EDTA (Purple top)
<input type="checkbox"/>	HLA-DQB1*0602 for narcolepsy	10 ml EDTA (Purple top)
<input type="checkbox"/>	HLA-DRB1*1501/1502 for anti-glomerular basement membrane disease	10 ml EDTA (Purple top)
<input type="checkbox"/>	HLA*15:02 (Carbamazepine)	10 ml EDTA (Purple top)

## HLA Typing-customized

Test	Test Description	Specimen Requirements
<input type="checkbox"/>	Molecular Typing-Single Locus (specify) Locus: _____ Resolution _____	10 ml EDTA

\* All biological samples to be stored for further investigations/diagnosis/research for a limited period of time.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

Requested Consultant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_