FAMILY NO :

TRANSPLANTATION IMMUNOLOGY UNIT
ALLERGY AND IMMUNOLOGY RESEARCH CENTRE
INSTITUTE FOR MEDICAL RESEARCH
JALAN PAHANG, 50588 KUALA LUMPUR
DIRECT LINE: 03-2616 2581 TEL: 03-2616 2666 FAX: 03-2691 2019

HLA TYPING TEST REQUEST FORM

HOSPITAL :
TEL.NO :
WARD :
FAX NO :
☐ PAYING ☐ FREE

Specific tests name :

1) Solid Organ
☐ New case (Loci A,B,C,DR and DQ)
☐ Add donor for existing case (Loci A,B,C,DR and DQ) (NN :)

2) HSCT
☐ New case (Loci A,B and DR)
☐ Add donor for existing case (Loci A,B and DR) (FN :)
☐ Confirmatory Typing (CT) (Loci A,B,C,DR and DQ) (FN :)
☐ Cord blood/ MSCR search (Loci A,B and DR)

3) Specific Loci
☐ Class I (Loci A,B and C) ☐ Class II (Loci DR and DQ)

	RECIPIENT	DONOR 1	DONOR 2	DONOR 3	DONOR 4
Name:					
I.C. No. / Passport No.:					
Age / Gender / Ethnic:					
Last Transfusion Date:		- N/A -	- N/A -	- N/A -	- N/A -
Relationship to Recipient:	- N/A -				

1. This test is done **ONLY by appointment**.
2. Please collect **6 ml of EDTA blood** from each patient and donor(s).
   IMPORTANT NOTE:
   # If TWBC less than 1.5 x 10^3/ml, please collect 15 ml of EDTA blood.
   # If patient has received blood transfusion in the past 3 weeks, please collect samples using saliva kit.
3. Please seal the tube stopper to avoid leakage of blood during transportation.
4. Transport condition: Room Temperature (**WITHOUT ICE**).
5. The blood samples must reach the lab by 10.30 am.

Time blood collected:
Date blood collected:

Test requested by:

Signature :
Name :
Stamp :
Date :

Note: ***The full name, stamp and signature of the Medical Officer requesting the test MUST be provided.***
The date and test requested MUST be provided.

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For IMR Laboratory Use Only

Received Stamp :		**RECIPIENT**	**DONOR 1**	**DONOR 2**	**DONOR 3**	**DONOR 4**
	Lab.No.					
	DNA No.					
	Volume / Quantity					
Received By :	Sample Condition	☐ Good ☐ Others:	☐ Good ☐ Others:	☐ Good ☐ Others:	☐ Good ☐ Others:	☐ Good ☐ Others:

Note: ***The full name, stamp and signature of the Medical Officer requesting the test MUST be provided.***
The date and test requested MUST be provided.