

TISSUE TYPING & PLATELET REFERENCE LABORATORY

Please fill up this request form completely to avoid sample being rejected.

Recipient's Information		Donor's Information	
[] Citizen [] Permanent Resident [] Non-resident [] Work Permit Holder		[] Citizen [] Permanent Resident [] Non-resident [] Work Permit Holder	
Hospital:	Ward/Clinic:	Relationship to Recipient:	
Name:		Name:	
Singapore NRIC/PP:		Singapore NRIC/PP:	
Gender/Birth Date/Race:		Gender/Birth Date/Race:	
Clinical Information	History of: • Blood Transfusion - [] No [] Yes, date: _____ • Transplant ----- [] No [] Yes, date: _____		
	Diagnosis: • ABO incompatible [] No [] Yes, Donor's Blood Group: _____ • Any drugs given? [] No [] Yes [] Intend Type: _____ Dosage: _____ Concentration: _____ Given date(s) if Yes: _____ Start date if Intend: _____ • Plasmapheresed? [] No [] Yes [] Intend If Yes or Intend, date(s): _____ For Solid Organ Transplant		
Please tick (/) appropriate box(es)			
☐ 1110 • ABO/RH Grouping (5ml of plain blood or EDTA blood)			
HLA Genotyping (10ml #ACD or CPDA or EDTA blood; if patient cell count less than 1 x 10⁹ /L, please send 30-50ml blood or buccal swab x 3)			
Low Resolution ☐ 9021 • HLA ABC ☐ 9024 • HLA DR/DQ ☐ 3061 • HLA A only ☐ 3062 • HLA B only ☐ 3063 • HLA C only	Intermediate to High resolution ☐ 9026 • HLA ABC ☐ 3071 • HLA A only ☐ 3027 • HLA DQA1 ☐ 9027 • HLA ABCDR ☐ 3072 • HLA B only ☐ 3074 • HLA DQB1 ☐ 3007 • HLA DRB1 ☐ 3073 • HLA C only ☐ 3075 • HLA DPB1 ☐ 9029 • NGS 11 loci ☐ 3028 • HLA DP	Single Allele Screening ☐ 3011 • HLA B27(CDC) - ACD or Lithium Heparin only ☐ 3065 • HLA B*57:01 (qPCR)	
HLA Crossmatch (Recipient 5ml Plain Blood, Donor: 20ml #ACD Blood or CPDA Blood per test) ☐ 9003 • CDC ☐ 9003 • CDC auto ☐ 9031 • Flow with Pronase ☐ 9031 • Flow with Pronase auto ☐ 3099 • CAD DTT-XM ☐ 9033 • CAD Full Crossmatch	HLA Antibody Screening (5ml Plain Blood) ☐ 3201 • Flow ☐ 3031 • Flow-Class I only ☐ 3030 • Flow-Class II only ☐ Reflex HLA Antibody Identification if screening is positive	HLA Antibody Identification (5ml Plain Blood) ☐ 3022 • Luminex-Class I & II ☐ 3035 • Luminex-Class I only ☐ 3036 • Luminex-Class II only ☐ 3045 • C1q HLA Class I & II ☐ 3046 • C1q HLA Class I only ☐ 3047 • C1q HLA Class II only	For Platelet Refractoriness (5ml Plain Blood) ☐ 3031 • Flow-Class I only ☐ 3035 • Luminex-Class I only (Reflex testing if HLA antibody detected)
OTHERS, please specify: ☐ 9036 • KIR genotyping ☐ DSA comment on new donor (Svc code: _____) ☐ Deceased donor XM: Normal B-cell & AHG T-cell. Urgent Request fee when applicable (Svc code: _____)			
Name, MCR# & Signature of Requesting Doctor:		Type of Sample: ☐ Peripheral Blood ☐ Cord Blood ☐ DNA ☐ Buccal Swab	
Contact Number: _____ Date: _____		Name & Signature of Phlebotomist: _____ Date & Time: _____	
FOR HLA LABORATORY USE ONLY			
		Date & Time Received: _____	
		Laboratory No: _____	
		Request Received By: _____	