

Enquiries

Tel 0116 258 4607

**TRANSPLANT LABORATORY**

UHL LEICESTER GENERAL HOSPITAL

If urgent please phone lab

**HLA REQUESTS****ESSENTIAL INFORMATION; ALL FIELDS MUST BE COMPLETED OR THE SAMPLE MAY NOT BE TESTED****PATIENT DETAILS**

S.No./NHS No:

Surname

Forename

Date of Birth

For samples bled at GP, invoice details are required or sample may not be tested

Cost-centre code  
(Non-renal patients)

Hospital:

Ward:

Consultant:

Requesting Clinician:  
(please sign and print)

Contact Details:

Results reported on PROTON or ilab or  
provide an email addressIF HIGH RISK PUT BBI STICKER HERE  
AND ON TUBES (Re: ACDP Classification)

Collected by:

Date of collection:

Time of collection:

HLA TYPE	ANTI-HLA ANTIBODY	CROSSMATCH	HLA DISEASE ASSOCIATION
<b>1 EDTA tube (4 to 7.5ml) + 1 large SERUM tube (5 to 9ml)</b> <input type="checkbox"/> Recipient <input type="checkbox"/> Recipient Verification	<b>1 large SERUM tube (5 to 9ml)</b> <input type="checkbox"/> Anti-HLA antibody Screen <input type="checkbox"/> Post Transplant DSA Screen Clinical Indication for DSA monitoring (will not be assayed if not complete) _____ _____	<b>1 EDTA tube (5 to 9ml) + 2 large SERUM tubes (9 to 18ml)</b> <input type="checkbox"/> Recipient  <b>5 large EDTA tubes (36ml)</b> <input type="checkbox"/> Live Donor Recipient Details Name _____ ID _____ Relation to recipient _____	<b>1 EDTA tube (Adults 4 to 7.5ml Paediatrics 0.5 to 1.5ml)</b> <input type="checkbox"/> HLA-A*29 Birdshot Chorioretinopathy <input type="checkbox"/> HLA-B*27 Ankylosing spondylitis <input type="checkbox"/> HLA-B*57:01 Abacavir hypersensitivity <input type="checkbox"/> HLA-DQB1*06:02 Narcolepsy <input type="checkbox"/> HLA-DQ2/DQ8 Coeliac disease <input type="checkbox"/> HLA-B*51 Bechet's Disease <input type="checkbox"/> Other (please state disease/test required _____
<b>1 EDTA TUBE (4 to 7.5ml)</b> <input type="checkbox"/> Live Donor <input type="checkbox"/> Donor Verification Recipient Details Name _____ ID _____ Relation to recipient _____			
Laboratory use only:	Label (for HT)	Label (for ilab)	Time/date stamp

**Contact Information**

Head of Laboratory:

Clare Collins

E-mail:

clare.collins16@nhs.net

Tel No:

0116 2584607

Postal Address:

Transplant Laboratory

University Hospitals of Leicester NHS Trust

Gwendolen Road, Leicester, LE5 4PW

Tel No:

0116 2584607/4603

Email:

uho-tr.eastmidlandstransplantlab@nhs.net

Assay request information/guidelines/request forms see  
[www.leicestershospitals.nhs.uk/aboutus/departments-services/transplant-laboratory/](http://www.leicestershospitals.nhs.uk/aboutus/departments-services/transplant-laboratory/)

Working Week: Mon-Fri, 9.00 am -5.30pm

**Recommended Storage**

Short term storage (< 48 hours) at room temperature 18-25°C. Deliver to the laboratory as soon as possible. For longer term storage keep cool at 2-8°C.

**Assay Schedule****Anti-HLA Antibody Testing**

Antibody screens are performed on a batch basis, telephone laboratory for information or if urgent

Post Transplant DSA – Contact Head or Deputy Head of Laboratory

**Tissue Type/Cross match**

10 working days for full HLA type (see Note 1)

**Results reported****Anti-HLA Antibody Testing**

Results will be reported via Proton renal database. Donor specific antibody (DSA) results will be uploaded to CITO. Email reports are available.

**Tissue Type/Cross match**

Pre-Transplant cross match results are reported to On Call consultant Transplant Surgeon/ Transplant Registrar as required.

Note 1- For organ donor tissue type and urgent pre-transplant crossmatches out of hours, contact on-call staff via UHL switchboard 0300 3031573  
Organ donor tissue types will be reported within 4 hours of sample receipt.

**Sample/collection transport:**

Ward 37 GH

Sample collection from dedicated fridge on Ward 37 and sample sent by taxi to Transplant Laboratory LGH

LGH other locations

Requesting clinician to arrange transport to laboratory via portering service

UHL

Requesting clinician to arrange transport to laboratory via appropriate pathology route

Non-UHL

Requesting clinician to arrange transport to laboratory via appropriate pathology route or via first class post  
(samples MUST be packaged to conform to current postal regulations for pathological samples)

NB: A UKAS accredited medical laboratory No. 8100. For laboratory accreditation status see [www.ukas.com](http://www.ukas.com). EFI Accredited Laboratory 03-GB-010.990  
Supplies of these request forms can be obtained from Kirti (0116 2584603) or via website or contact information above

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