NJ Sharing Network
saving lives through organ and tissue donation

NJ Sharing Network Transplant Laboratory
CLIA# 31DO652894
691 Central Ave., New Providence, NJ 07974

Request for Transplant Testing

Gender:_____ Race:_____
DOB:_____/_____/_____
Diagnosis:_____
Dialysis Center:_____

Patient ❑   Donor ❑

Director: Prakash Rao, PhD, MBA, FACHE, HCLD   Phone: (908) 516 – 5454 Fax: (908) 516-5554

STAT Testing: ❑ Yes ❑ No   Authorizer:_____

Last Name: _____ First Name:_____ SS#:_____

Transplant Center: _____ Physician: _____

Address: _____ Contact Number: _____

Specimen Collected: _____/_____/_____ (date) _____:_____ M (time)

Patient/Donor Type

❑ Initial ❑Renal ❑Heart ❑ Liver ❑Lung ❑ Pancreas   Sample Source: ❑Blood   ❑Cryopreserved Cell

❑ Relist/ Repeat   Add to HistoTrac PKE: ❑Yes ❑No   ❑

Initial patient, tissue-typed at: _____

Donor Name: _____ Relationship:_____ SSN#/DOB:_____

Recipient Name:_____ SSN#/DOB: _____

❑LD   ❑NDD   ❑ LDKEP   ❑ Initial   ❑Final   Donor UNOS #:_____ O.R. Date: _____

Cryopreserve Donor Cells: ❑Yes   ❑ No

Testing

ABO Only ❑   Please do Non-A1 titer if patient is Blood Type B ❑   Auto Crossmatch: CDC ❑   Flow ❑

ABO titer with: Donor Cell ❑   Reagent Cell: A1 ❑ Non-A1❑   B ❑   Major CDC Crossmatch: Yes ❑   No ❑

Antibody Screen: Pre-Transplant ❑   Post-Transplant(DSA) ❑   Major Flow Crossmatch: Yes ❑   No ❑

Complete Sensitization History

Previous Transplant	Date: _____/_____/_____ Center: _____ Donor HLA: _____Rejection Date: _____/_____/_____
Transfusions	Date: _____/_____/_____ Product:_____ Amount: _____
Pregnancy	Number: _____ | Nephrectomy Date: _____
Desensitizing Protocol	
Immunosuppressive Regimen/Vaccinations	

Revised on: 01/17/2019

Specimen Requirements for Testing

Venous blood collected in 1 plain 10ml red topped tube & 3 10ml ACD yellow topped tubes	Initial HLA Panel for: SBMC *Renal* recipients and NBI *Lung* recipients.
Venous blood collected in 1 plain 10ml red topped tube & 4 10ml ACD yellow topped tubes	Initial HLA Panel for: RWJ & HMC *Renal* recipients, OLL *Renal* recipients, and NBI & RWJ *Heart* recipients and Auto-crossmatch (CDC or Flow).
Venous blood collected in 1 plain 10ml red topped tube	ABO, Pre-Transplant antibody screen and Post-Transplant DSA screen.
Venous blood collected in 2 plain 10ml red topped tubes on recipient & 1 plain 10ml red topped tube on donor	ABO titer program and ABO subtype
Venous blood collected in 1 plain 10ml red topped tube on recipient & 4 10ml ACD yellow topped tubes, 1 clot on donor	Initial Crossmatch with LD or LDKEP. Add 2 extra ACD tubes on donor for cryopreservation
Venous blood collected in 1 plain 10ml red topped tube on recipient & 2 10ml ACD yellow topped tubes, 1 clot on donor	Final Crossmatch with LD or LDKEP

Please fill tubes completely to avoid future redraws

SPECIMEN LABELING REQUIREMENTS AND TRANSPORT INSTRUCTIONS

1. Label each blood tube with the patient's **Full Name**, **SSN, DOB, and Date of Collection**. Please print clearly and legibly. The person collecting the specimens must initial all labels. There shall be unequivocal identification of the intended patient prior to performing venipuncture. Discard the phlebotomy materials as per institutional safety protocols.
2. Use the double canister kit to send specimens to our lab. Place each blood tube in an airtight bag or zip-lock bag (wrap each tube individually), and place them in the smaller of the containers and close tightly. Wrap the request around the outside of the smaller container and place inside the larger container and close tightly. Please do not wrap the request around the specimen itself.
3. All packages containing exempt blood specimens must be packaged in compliance with your shipping carrier. Any pathogenic blood specimens categorized as Category B Biological/Infectious Substances, must be packaged in compliance to ground and air transport regulatory agencies. Always seal all shipping bags and boxes.
4. Send the specimens at room temperature immediately to the address below. Do not refrigerate or centrifuge the specimen.

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Any samples **lacking** the patient's full name, SSN, DOB, or collection date will be **discarded**