

UPSTATE NEW YORK TRANSPLANT LABORATORIES

A division of

Upstate New York Transplant Services, Inc.

110 Broadway, Buffalo, NY 14203

Phone: 716/566-3977 Fax: 716/840-9500

Transplant Immunology - Investigation of Adverse Reaction

Patient Name: Last	First	Middle Init.	Soc.Sec.No.
Date of Birth		Sex	Race
Location/Unit	Physician	Diagnosis	Sample Date

Required Information

Date of Transplant _____

Nephrectomy

No

Yes Date: _____

Apheresis

No

Yes Date: _____

Post-transplant Transfusions

No

Yes Date: _____

Profiles

Donor Specific Antibodies (single antigen bead analysis by flow cytometry)

<i>For Lab Use Only:</i>	DONOR HLA	
	HLA-A	<input type="text"/>
	HLA-B	<input type="text"/>
	<input type="checkbox"/> Bw4	<input type="checkbox"/> Bw6
HLA-DR	<input type="text"/>	
HLA-DQ	<input type="text"/>	
<input type="checkbox"/> DRw51	<input type="checkbox"/> DRw52	<input type="checkbox"/> DRw53

Apheresis Monitor (relative HLA antibody; semi-quantitative; requires pre-apheresis specimen for baseline)

<i>For Lab Use Only</i>	SERA	Date	OD
	Pre-apheresis	<input type="text"/>	<input type="text"/>
	Post-apheresis	<input type="text"/>	<input type="text"/>