Example chimerism form

3c HISTOCOMPATIBILITY & IMMUNOGENETICS
Haematopoietic Stem Cell Transplantation (HSCT Patients & Donors)

NHS Blood and Transplant

IMPORTANT: 3 points of identification must be used on this form and all samples.
Please ensure adequate fresh samples are sent. (see reverse for full sample requirement).
Place labelled specimen in bag, remove protective strip, fold flap onto bag and seal firmly.

Patient stickers can be used. →

Person Details

Male ☒ Female ☐ NHS ☐ Private ☐

Surname BLOGGS

First Name JOE

DOB 01/01/2000

Address

City Postcode

NHS No 123456 7891

Hospital No T123456

Referral Lab No

Ethnicity White ☐ Black ☐ Asian ☐ Mideast ☐ Other ☐ Mixed ☐

Diagnosis / Treatment / Reason for referral

AML BMT +6/12

WBC x 10^9/l Date DD / MM / YY

Time to transplant

Referring Hospital

* Please fill in this section

ODS code†

Department

Consultant * Please fill in this section

Name of Requester

Signed

Date * Time taken *

(*) very important

Sample type

Contact number

Copy report(s) to be sent to

Relevant BCH consultant name

ODS code†

Department

Transplant Centre

Transplant Consultant

CMV Status: Pos ☐ Neg ☐ Don't know ☐

Known risk: Yes ☐ No ☐ Don't know ☐

Please specify

For potential sibling transplants please indicate no. of siblings available for testing ☐ Total

If this sample is from a potential donor or family member of a patient (recipient) please provide the following:

Patient (recipient) name DOB DD / MM / YY

NHS number Hospital No

Relationship of donor to patient Male ☐ Female ☐

TEST REQUEST - See reverse for sample requirements Please tick box(es) and supply information as required

- ☐ HLA Class I type *
- ☐ HLA Class II type *
- ☐ HLA-specific antibodies
- ☒ CHIMERISM ANALYSIS
  - ☐ General/total
  - ☒ Lineage specific
- Do you require a volunteer donor search if no family match? Yes ☐ No ☐
- ☐ Crossmatching

Please telephone the laboratory if the results of these investigations are required urgently

NHSBT use only
Date received DD / MM / YY

ISBT 128 label

FRM1010/2