

Vancouver General Hospital
Immunology Histocompatibility Laboratory
Solid Organ Transplant Booking Form

Vancouver General Hospital Immunology Laboratory
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THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL. ONLY ACCURATELY LABELED SPECIMENS WILL BE ACCEPTED
addressograph labels with appropriate demographics are also acceptable

Hospital Site & Program

- VGH SPH BCCH Other: _____
- Kidney Pancreas Islets Heart Lung Liver Other: _____

Transplant Patient Diagnosis:

Autoimmune Disease Present in the Transplant Patient?

Yes

No

Is the transplant patient on immunosuppressive or biologic therapy?

Yes No

List therapies: _____

Transplant Physician:

MSP:

Primary Nephrologist:

MSP:

Coordinator:

Phone:

Fax:

RECIPIENT CLINICAL HISTORY

Dialysis Status _____	Start Date: _____	Previous Transplant(s) _____
# Pregnancies _____	Date(s): _____	Organ(s): _____
# Transfusions _____	Date of Last: _____	Donor(s): _____
Infections _____	Date of Last: _____	Date(s): _____

RECIPIENT

Name: _____ SURNAME
_____ FIRST

Date of Birth: _____ DD-MMM-YYYY

Sex: M F

PHN: _____

BCT ID _____

KPD# _____

CTR# _____

DONOR

Name: _____ SURNAME
_____ FIRST

Date of Birth: _____ DD-MMM-YYYY

Sex: M F

PHN: _____

BCT ID _____

KPD#/CTR# _____

Relation to Recipient: _____

RECIPIENT TESTS

STAT _____ REASON _____ **Tx Date:** _____

HLA Typing
Testing Category: _____

HLA Antibody Testing
Testing Category: _____ Reason for Testing: _____

Lymphocyte Crossmatch ***Must arrive by Thursday*
Select One: _____

Samples to be drawn: _____

DONOR TESTS

STAT _____ REASON _____

HLA Typing
Testing Category: _____

Lymphocyte Crossmatch ***Must arrive by Thursday*
Select One: _____

Samples to be drawn: _____

Immunology Lab Use

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Comments: