|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ­­Date of request | |  | | | | | | Transplant centre | | |  | | | |
|  | |  | | | | | |  | | |  | | | |
| Searches to be run | | UK | | International | | | | Mismatches | | | Cord | | |  |
|  | |  | |  | | | |  | | |  | | | |
| Time to transplant | | Exploratory search | | | | | | Planned transplant | | | | | | Urgent transplant |
|  | |  | |  | | | |  | | |  | | | |
| Patient type | | NHS | | Private | | | | Adults / Paeds | | | Adult | | | Paediatric |
|  | |  | |  | | | |  | | |  | | | |
| **PATIENT IDENTIFICATION** | | | | | | | | | | | | | | |
| First name | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| Gender | |  | | DOB (day/month/year) | | | |  | | | Hospital number | | |  |
|  | |  | |  | | | |  | | |  | | |  |
| Diagnosis | |  | | | | | | | | | Date of Diagnosis | | |  |
|  | |  | | | | | | | | |  | | |  |
| Weight (kg) | |  | | ABO RhD | | | |  | | | CMV Status | | |  |
| **Patient HLA Details:** To prevent transcription errors please send a copy of the patient HLA typing report. We strongly recommend high resolution HLA typing for HLA-A, -B, -C, -DRB1 loci. International searches cannot be carried out without high resolution typing results on HLA-DRB1 locus. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **TRANSPLANT CENTRE** | | | | | | | | | | | | | | |
| **Requesting centre (to whom reports will be sent)** | | | | | | | | **Invoicing details** | | | | | | |
|  | | | | | | | |  | | | | | | |
| Name | |  | | | | | | Name | | |  | | | |
|  | |  | | | | | |  | | |  | | | |
| Address | |  | | | | | | Address | | |  | | | |
|  | |  | | | | | |  | | |  | | | |
|  | |  | | | | | |  | | |  | | | |
|  | |  | | | | | |  | | |  | | | |
|  | |  | | | | | |  | | |  | | | |
|  | |  | | | | | |  | | |  | | | |
| Phone number | |  | | | | | | Phone number | | |  | | | |
|  | |  | | | | | |  | | |  | | | |
| Fax number | |  | | | | | | Fax number | | |  | | | |
|  | |  | | | | | |  | | |  | | | |
| Email | |  | | | | | | Email | | |  | | | |
|  | |  | | | | | |  | | |  | | | |
| **PATIENT ETHNICITY** | | | | | | | | | | | | | | |
|  |  | |  | | |  | | |  | | | |  | |
| Asian or Asian British | Asian or Asian British – Bangladeshi | | | | Asian or Asian British – East Asian | | | | | | | Asian or Asian British – Indian | | |
|  |  | | | | | | | | | | | | | |
|  | Asian or Asian British – Pakistani | | | | Asian or Asian British - Any other Asian background | | | | | | | | | |
|  |  | | | | |  | | | | | | | | |
| Black or Black British | Black or Black British – African | | | | Black or Black British – Caribbean | | | | | | |  | | |
|  |  | | | | | | | | | | | | | |
|  | Black or Black British – Any other Black background | | | | | | | | | | | | | |
|  |  | |  | | |  | | |  | | | |  | |
| Jewish | Jewish | |  | | |  | | |  | | | |  | |
|  |  | | | | | | | | | | | | |  |
| Mixed | Mixed – White and Asian | | | | Mixed – White and Black African | | | | | | | Mixed – White and Black Caribbean | | |
|  |  | | | | | | | | | | | | | |
|  | Mixed – Any other mixed background | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | | | | |
| North African and Middle Eastern | North African and Middle Eastern | | | | | | | | |  | | | | |
|  |  | |  | | |  | | |  | | | | | |
| White | White – British | | | | White – Irish | | | | | | | White – Any other White background | | |
|  |  | | | | | | | | | | | | | |
| Other Ethnic Groups | Other Ethnic Groups – Any other ethnic group | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Unknown | Not known | | | | Not stated | | | | | | |  | | |
|  |  | | | | | |  | | |  | | | |  |
|  | Not available (to the person completing the form) | | | | | |  | | |  | | | |  |