

# HLA CROSSMATCH REQUEST FORM (DECEASED DONOR)

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**IMPORTANT :**

- 1. Please ensure mandatory identifiers (mark as \*) used on the request form and all sample tube are tally.
- 2. Incorrect or insufficient information on request form will result in testing being delayed or the testing request being rejected and the recipient or donor having to be re-bled.
- 3. Please write using legible capital letters to complete the request form.
- 4. Please [ √ ] tick where applicable.
- 5. Please refer PDN/HI/QP-01/G02 User Guidelines Histocompatibility & Immunogenetic (H&I) from PDN's website: [www.pdn.gov.my](http://www.pdn.gov.my)

**A) GENERAL INFORMATION**

REQUESTING HOSPITAL :	
WARD :	
TELEPHONE NO :	
E-MAIL :	

**B) REQUESTER DETAILS\***

SIGNATURE :
NAME & STAMP :
DATE :
CONTACT NO :

**C) SAMPLE DETAILS**

	DONOR	RECIPIENT 1	RECIPIENT 2	RECIPIENT 3
*NAME :				
*IC NO / PASSPORT NO :				
AGE / GENDER / ETHNICITY :				
SAMPLE COLLECTED DATE :				
SAMPLE COLLECTED TIME :				

PLEASE ATTACH PREVIOUS HLA TYPING AND HLA ANTIBODY REPORT (RECIPIENT) : APPLICABLE TO REPORTS TESTED BY OTHER FACILITY

**D) PERSONNEL INVOLVE IN EMERGENCY CROSSMATCHING RESULT RELEASE**

NAME :	CONTACT NO :
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**E) FOR HLA SECTION USE ONLY**

LAB NO :	SAMPLE CONDITION :		RECEIVED BY :
DONOR :	GOOD	OTHER :	RECEIVED STAMP :
RECIPIENT 1 :	GOOD	OTHER :	
RECIPIENT 2 :	GOOD	OTHER :	
RECIPIENT 3 :	GOOD	OTHER :	

THIS REQUEST FORM SHALL BE PRINTED IN ONE (1) PAGE ONLY