

“STAT TESTING” – Please rush

Saskatoon Health Region
Department of Laboratory Medicine
Dr. Marc Baltzan Histocompatibility (HLA) Laboratory
Telephone # 306-655-5205
Fax # 306-655-5667

DECEASED DONOR FORM

All sections **MUST** be completed

Please indicate patient's name, health number, DOB & gender

The following tubes MUST be drawn: 6 x 10mL ACD (yellow top) whole blood
2 x EDTA (lavender top) whole blood

Section A: Facility/Coordinator Information	
Collected at (Facility) <input type="checkbox"/> SPH <input type="checkbox"/> RUH <input type="checkbox"/> RGH <input type="checkbox"/> Pasqua <input type="checkbox"/> Other: _____	
Transplant Coordinator:	Transplant Nephrologist:
Section B: Donor Identification and Collection	
IMPORTANT: Full signatures required for identification and collection – specimens will be rejected if incomplete	
Identified By:	Print Name:
Collected By:	Print Name:
Collection Date:	Collection Time:
Section C: Donor Information	
IMPORTANT: Complete and accurate information is required to ensure reliable results	
Donor Diagnosis (cause of death):	DCD: Yes / No
Recent Transfusions: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes: # of units _____ Date of Last _____ Hospital _____	
ABO Group <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> Unknown	
Section D: Tests Requested	
All deceased donor testing will be performed according to established agreement with the Saskatchewan Transplant Program. Spleen to follow: <input type="checkbox"/> Yes <input type="checkbox"/> No	
HLA Lab Use Only	
Date/Time Specimen Received:	Tech Initials:
HLA Typing Report Received from Originating Centre (if other than SK): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Official donor ABO typing report received: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date/Time Typing results faxed to STP:	
Date/Time Virtual Crossmatch results faxed to STP:	
Date/Time STP faxes Recipient list:	
Date/Time Cleared by Director/ Supervisor:	
Date/Time Crossmatch results faxed to STP:	
Additional comments and notes:	