

TEST REQUEST FORM

Test Request :
(please tick required test)

1. HLA Class I typing (Serology)
2. HLA Class II typing (Serology)
- ☒ 3. HLA Cross-matching

4. HLA Class I (ABC) typing (DNA-PCR-SSP)
5. HLA Class II (DRDQ) typing (DNA-PCR-SSP)
6. HLA ABDR typing (DNA-PCR-SSP)

Patient details

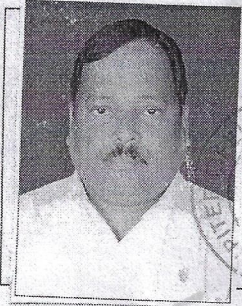
Name: Mr. Vilas J. Jagade.

S/O, W/O, D/O: Jaysing Jagade.

Age/Sex: 54 yrs / M

Blood group: B⁺ve.

Relation with Donor: Husband.



Donor details

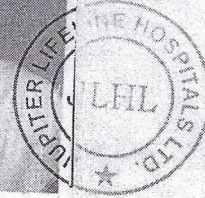
Name: Mrs. Archana V. Jagade.

S/O, W/O, D/O: Vilas Jagade.

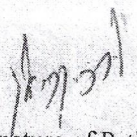
Age/Sex: 50 yrs / F

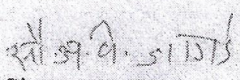
Blood group: O⁺ve.

Relation with Patient: Wife.



CONSENT: We confirm the above said relationship

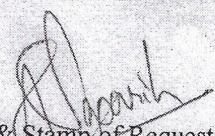

Signature of Patient


Signature of Donor

This is to certify that patient and donor are related to each other as Husband & Wife.
as per the statement given by them

This sample was collected by me after verification

Name & Signature of Phlebotomist
Date & Time of collection:


Signature & Stamp of Requesting Clinician
DR. AMIT NAGARIK
M.D., DNB (Med.), DNB (Nephrology)
Consultant Nephrologist &
Renal Transplant Physician
Reg. No. MMC/2000/03/1823

Clinical History of the Patient

Number of blood transfusions given: _____

Date of last blood transfusion given: _____

Date & Time of last dialysis: _____

History of previous transplants if any: _____

Other relevant information: _____