



Biomnis

Clinical information sheet Histocompatibility and Immunology Leukoplatelets

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PATIENT

Last name: First name:
Date of birth: Gender: ☐ F ☐ M

PRESCRIBING PHYSICIAN

Name (in capital letters):
Name of healthcare establishment:
Department:
Telephone:
Fax:

SAMPLE COLLECTED BY

Last name:
Date:
Time: h min
Telephone:
Fax:

CLINICAL DETAILS

Pathology:	Result of quantification of:	Previous pregnancies:
Ethnic Origin:	Leukocytes:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Treatment in progress:	x10 ⁹ /L - PN: x10 ⁹ /L -	Pregnancy in course: <input type="checkbox"/>
.....	Lympho:	Gestational age:weeks
.....	x10 ⁹ /L - Platelets: x10 ⁹ /L	

HISTOCOMPATIBILITY ASSESSMENTS Origin of sample: ☐ BLOOD ☐ SALIVA ☐ UMBILICAL CORD

☐ HLA genotyping for hematopoietic stem cell transplantation

14 ml EDTA tube - NB: patient <30 kg: 7 ml EDTA tube

☐ HLA genotyping for hematopoietic stem cell donation

14 ml EDTA tube - NB: patient <30 kg: 7 ml EDTA tube

Identity of potential recipient:

Kinship to recipient:

! Only for hematopoietic stem cell transplant patients at Mondor

☐ Screening for DSAs (anti-HLA antibodies directed against the donor)

☐ Screening for RSAs (anti-HLA antibodies directed against the recipient)

7 ml dry tube

☐ Hematopoietic cell pre-transplant assessment (For patients transplanted at Mondor)

10 ml dry tube + 7 ml EDTA tube
For screening for anti HLA (class I and II), anti-platelets, anti-granular and typing HLA, HPA and HNA

☐ Transfusion assessment before hematopoietic stem cell transplantation *Not at Mondor*

10 ml dry tube + 7 ml EDTA tube
For screening for anti-HLA Ab and HLA Class I typing (A and B) on the initiative of the clinical biologist if typing not indicated (+possibly screening for specific anti-platelet Ab)

☐ Monitoring of the patient transfused with platelet concentrates

10 ml dry tube (NB: if patient <30 kg minimum 3 ml in dry tube) if possible before and after transfusions.
Anti-HLA Ab screening

☐ Exploration of the inefficacy of platelet concentrate transfusions

10 ml dry tube + 14 ml EDTA tube
For anti-HLA Ab screening, specific anti-platelet Ab and HLA class I typing (A and B) if not communicated and/or HPA at the initiative of the responsible clinical biologist.

☐ Exploration of a non-trali post-transfusion reaction (chills, hyperthermia, etc.)

10 ml dry tube + 7 ml EDTA tube
For screening for anti-HLA, anti-platelet and anti-granular Abs

☐ Exploration of a suspicion of trali (transfusion-related acute lung injury)

Monday to Thursday from 9 a.m. to 5 p.m. and before 10 a.m. on Friday

10 ml dry tube + 14 ml EDTA tube
(NB: patient <30 kg, 7 ml EDTA tube + 5 ml dry tube)
For screening for anti HLA class I and II and anti-granulocyte Abs
- On the initiative of the clinical biologist: HLA class I and II typing
- Typing of poly neutrophils - compatibility test with the donor(s)

☐ HLA and SICKNESS

7 ml EDTA tube

MANDATORY: Attach the informed consent form, signed and stating the suspected pathology and the allele(s) sought

☐ HLA B27 ☐ HLA B51 ☐ HLA B57:01
☐ Other (please specify)

OTHER REQUESTS (example post-transfusion GVHD): Call the laboratory on +33 (0)1 56 72 76 75

SAMPLES MUST BE SHIPPED AS QUICKLY AS POSSIBLE, AT ROOM TEMPERATURE

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ASSESSMENTS OF PLATELET AND GRANULOUS IMMUNOLOGY

☐ Screening for thrombocytopenia

Search for anti-platelet antibodies both bound *in vivo* and circulating

- Platelet count $<15.10^9/L$:
50 ml EDTA tube + 10 ml dry tube
- Platelet count between 15 and $50.10^9/L$:
40 ml EDTA tube + 10 ml dry tube
- Platelet count $>15.10^9/L$:
20 ml EDTA tube + 10 ml dry tube

NB: patient <30 kg:

- Platelet count $<10.10^9/L$: 3 to 5 ml dry tube
- Platelet count $>10.10^9/L$: 5 to 10 ml EDTA tube (depending on age and platelet count)
+ 3 to 5 ml dry tubes

Monday to Thursday from 9 a.m. to 5 p.m. - Friday before 2 p.m.

FOR DIRECT TEST: NOT PROCESSABLE

If platelet transfusion <3 DAYS

If received >72 H after collection

☐ Exploration of neutropenia

Screening for anti-granulocytes and circulating antibodies
10 ml dry tube (if patient <30 kg: 3 ml dry tube)

For a direct test (screening for bound granulocyte antibodies):

ONLY BY ARRANGEMENT (call 01 56 72 76 77) and if the tubes arrive <24 h after collection

☐ Platelet phenotype CD 36

5 ml EDTA + 5ml dry tube

☐ Glanzmann's disease

10 ml dry tube + 10 ml EDTA tube

For screening for anti-HLA Class I and circulating anti-platelet antibodies

☐ Suspicion of post transfusion purpura

10 ml dry tube + 10 ml EDTA tube

For screening for anti-platelet antibodies + HPA typing

Contact the laboratory to adjust the balance

☐ Exploration of neonatal thrombocytopenia

- **Mother of neonate:**
20 ml EDTA tube + 10 ml dry tube - for platelet typing, screening for anti-platelet antibodies both bound *in vivo* and circulating, compatibility test with father's platelets (+/- search for anti-HLA antibodies)
- **Father of neonate:**
20 ml EDTA tube for platelet typing and maternal compatibility testing
- **Neonate:**
1 paediatric EDTA tube (minimum 2 ml) for platelet typing if clinical conditions permit

(Monday to Thursday from 9 a.m. to 5 p.m. and before 2 p.m. on Friday)

For direct testing and phenotyping:

not processable if >72 h after collection:

☐ Exploration of neonatal neutropenia

- **Mother of neonate:**
20 ml EDTA tube + 10 ml dry tube For granulocyte typing, screening for anti-granulocytes Ab +/- compatibility test with the father's PN (+/- screening for anti-HLA Ab)
- **Father of neonate:**
20 ml EDTA tube for granulocyte typing and maternal compatibility testing
- **Neonate:**
1 paediatric EDTA tube (minimum 2 ml) for granulocyte typing if clinical conditions permit

(Monday to Thursday from 9 a.m. to 5 p.m. and before 10 a.m. on Friday)

For direct test or phenotyping: not processable if >36 h after sampling

Comments of prescribing physician: