

Solid Organ Transplant (PEDIATRIC) Recipient Screening



- See the Guide to Services <http://www.albertahealthservices.ca/lab/page3317.aspx/education.html>
- Patients may call HEALTH LINK at 811 for advice on collection site locations



Edmonton Site
8440-112 St T6G 2J2
Phone 780.407.7121
Fax 780.407.3864
Virologist/Microbiologist on-call
780.407.8822

Calgary Site
3030 Hospital Dr NW T2N 4W4
Phone 403.944.1200
Fax 403.270.2216
Virologist/Microbiologist on-call
403.944.1200

Scanning Label or Accession # (lab only)

Patient	PHN _____ Expiry: _____		Date of Birth (dd-Mon-yyyy)		
	Legal Last Name		Legal First Name		Alternate Identifier
	Middle Name	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone	
	<input type="checkbox"/> X Non-binary/Prefer not to disclose				
Provider(s)	Address		City/Town	Prov	Postal Code
	Authorizing Provider Name (last, first, middle)			Copy to Name (last, first, middle)	Copy to Name (last, first, middle)
	Address		Phone	Address	Address
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
Collection	Clinic Name		Clinic Name	Clinic Name	
	Date (dd-Mon-yyyy)	Time (24 hr)	Location	Collector ID	

Collection Protocol

Specimen type Blood Stool Urine Swab _____ (provide a separate requisition for each specimen type)
 Required Blood Collection Tubes for TRANS Panel: if patient less than or equal to 30kg provide minimum 3mL in SST (gold top) tube and minimum 2mL in EDTA tube; if patient greater than 30kg provide 1 SST(gold top) tube + 1 EDTA (mauve top) tube
 Collect and Deliver Samples and Requisition to the ProvLab site indicated below (Do not use Sunrise Clinical Manager)
 ProvLab North, 8440-112 Street, Edmonton AB (Tel. 780.407.8918)
 ProvLab South, 3030 Hospital Drive NW, Calgary, AB (Tel. 403.944.1200)

Storage Long Term Storage RECIPIENTS

Patient Status

URGENT LISTING (URGENT LISTING call ProvLab North Virologist on call at 780.407.8822 for STAT processing)

Type of Transplant (select ALL that apply)

Heart (include Toxoplasma IgG) Lung Liver Kidney Pancreas
 Islet Small Bowel Stomach

Relevant Clinical and Immunization History

Test Request and Details of Order

Non-heart transplant (Toxoplasma IgG not included) TRANS RA1
Tests included: Anti-HIV-1/2, Anti-HCV, HBsAg, Anti-HBs, Anti-HBc, HSV-IgG, VZV-IgG, CMV-IgG, Anti-EBV panel, Syphilis EIA

Heart- or heart-lung transplant (Toxoplasma IgG included) TRANS RA2
Tests included: Anti-HIV-1/2, Anti-HCV, HBsAg, Anti-HBs, Anti-HBc, HSV-IgG, VZV-IgG, CMV-IgG, Anti-EBV panel, Syphilis EIA, Toxoplasma IgG

<input type="checkbox"/> Measles IgG	MEAS IGG	<input type="checkbox"/> EBV Panel	EBV AB	<input type="checkbox"/> Schistosoma	SCHISTO SERO
<input type="checkbox"/> Mumps IgG	MUMPS IGG	<input type="checkbox"/> CMV IgG	CMV IGG	<input type="checkbox"/> Coccidioides	COCCI EIA
<input type="checkbox"/> Rubella IgG	RUB IGG PROV	<input type="checkbox"/> CMV NAT urine	CMV PCR	<input type="checkbox"/> Trypanosoma cruzi	TAMER SERO
<input type="checkbox"/> Anti-HBs	HBV SAB PROV	(patients less than 18 months old)		<input type="checkbox"/> Strongyloides	STRONG
<input type="checkbox"/> Varicella IgG	VZV IGG	<input type="checkbox"/> CMV NAT throat swab	CMV PCR		
		(patients less than 18 months old)			

Specify other tests

Do Not Submit this page

Guidance Notes

The tables and notes below provide supplementary information on tests, clinical indications, sample types and transport medium.

Consult Provincial Laboratory (*ProvLab*) Guide to Services at www.provlab.ab.ca/education.html for comprehensive information

Test	Usual Specimens	Comments
TRANS RA1	Minimum collection volumes – if able collect more sample volume: one DEDICATED 3mL SST tube and one DEDICATED 2mL EDTA tube	Pre-transplant screening panel for non-heart solid organ transplant candidates Panel includes HBsAg; ensure samples collected at least 4 weeks remote from any HBV immunization
TRANS RA2	Minimum collection volumes – if able collect more sample volume: one DEDICATED 3mL SST tube and one DEDICATED 2mL EDTA tube	Pre-transplant screening panel for heart and heart-lung solid organ transplant candidates; includes TOXO IGG Panel includes HBsAg; ensure samples collected at least 4 weeks remote from any HBV immunization
Measles IgG	2mL SST or red top tube	Ordered in addition to the assessment panel (TRANS RA1 or RA2)
Mumps IgG	2mL SST or red top tube	
Rubella IgG	2mL SST or red top tube	
Anti-HBs	2mL SST or red top tube	Included within the TRANS RA1 or RA2 panel; ordered separately at the discretion of Pediatric Transplant Infectious Diseases Physicians as part of immunization follow up / immunity determination Ensure sample collected at least 4 weeks remote from immunization
Varicella IgG	2mL SST or red top tube	
EBV Panel	2mL SST or red top tube	For seroconversion monitoring during assessment and wait-listing
CMV IgG	2mL SST or red top tube	
CMV NAT	1 – 2 mL urine in sterile container Throat swab in Universal Transport Medium (UTM, pink fluid)	Refer to Transplant ID ASOTP CMV Protocol.
Schistosoma	2mL SST or red top tube	Refer to Transplant ID ASOTP Pre-Transplant Evaluation Infection and Immunity protocol
Coccidioides	2mL SST or red top tube	
Trypanosoma cruzi	2mL SST or red top tube	
Strongyloides	2mL SST or red top tube	