Solid Organ Transplant (PEDIATRIC) Recipient Screening

- Patients may call HEALTH LINK at 811 for advice on collection site locations

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)
  - Tests included: Anti-HIV-1/2, Anti-HCV, HBsAg, Anti-HBs, Anti-HBc, HSV-IgG, VZV-IgG, CMV-IgG, Anti-EBV panel, Syphilis EIA
  - TRANS RA1

- Heart- or heart-lung transplant (Toxoplasma IgG included)
  - 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
  - TRANS RA2

- Measles IgG
- Mumps IgG
- Rubella IgG
- Anti-HBs
- Vancella IgG
- EBV Panel
- CMV IgG
- CMV NAT urine (patients less than 18 months old)
- CMV NAT throat swab (patients less than 18 months old)
- Schistosoma
- Coccidioides
- Trypanosoma cruzi
- Strongyloides

Specify other tests

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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
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](http://www.provlab.ab.ca/education.html) for comprehensive information.

<table>
<thead>
<tr>
<th>Test</th>
<th>Usual Specimens</th>
<th>Comments</th>
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<tbody>
<tr>
<td>TRANS RA1</td>
<td>Minimum collection volumes – if able collect more sample volume: one DEDICATED 3mL SST tube and one DEDICATED 2mL EDTA tube</td>
<td>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</td>
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<tr>
<td>TRANS RA2</td>
<td>Minimum collection volumes – if able collect more sample volume: one DEDICATED 3mL SST tube and one DEDICATED 2mL EDTA tube</td>
<td>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</td>
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<tr>
<td>Measles IgG</td>
<td>2mL SST or red top tube</td>
<td>Ordered in addition to the assessment panel (TRANS RA1 or RA2)</td>
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<tr>
<td>Mumps IgG</td>
<td>2mL SST or red top tube</td>
<td></td>
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<tr>
<td>Rubella IgG</td>
<td>2mL SST or red top tube</td>
<td></td>
</tr>
<tr>
<td>Anti-HBs</td>
<td>2mL SST or red top tube</td>
<td>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</td>
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<tr>
<td>Varicella IgG</td>
<td>2mL SST or red top tube</td>
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<tr>
<td>EBV Panel</td>
<td>2mL SST or red top tube</td>
<td>For seroconversion monitoring during assessment and wait-listing</td>
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<tr>
<td>CMV IgG</td>
<td>2mL SST or red top tube</td>
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<tr>
<td>CMV NAT</td>
<td>1 – 2 mL urine in sterile container; Throat swab in Universal Transport Medium (UTM, pink fluid)</td>
<td>Refer to Transplant ID ASOTP CMV Protocol.</td>
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<tr>
<td>Schistosoma</td>
<td>2mL SST or red top tube</td>
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</tr>
<tr>
<td>Coccidioides</td>
<td>2mL SST or red top tube</td>
<td>Refer to Transplant ID ASOTP Pre-Transplant Evaluation Infection and Immunity protocol</td>
</tr>
<tr>
<td>Trypanosoma cruzi</td>
<td>2mL SST or red top tube</td>
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<td>Strongyloides</td>
<td>2mL SST or red top tube</td>
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