

Solid Organ Post Transplant Follow Up



- 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	Calgary Site
8440-112 St T6G 2J2	3030 Hospital Dr NW T2N 4W4
Phone 780.407.7121	Phone 403.944.1200
Fax 780.407.3864	Fax 403.270.2216
Virologist/Microbiologist on-call	Virologist/Microbiologist on-call
780.407.8822	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 Urine Swab _____ (provide a separate requisition for each specimen type)

Collect samples and test locally if able. For tests performed at ProvLab, deliver samples and requisition to 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)

Relevant Clinical and Immunization History

Test Request and Details of Order

- | | | | |
|--|------------|--|--------------|
| <input type="checkbox"/> BK urine | BKV PCR | <input type="checkbox"/> HBV DNA | HBV QUANT |
| <input type="checkbox"/> BK Plasma (EDTA) | BKV PCR | <input type="checkbox"/> HBsAg | HBV SAG PROV |
| <input type="checkbox"/> CMV IgG | CMV IGG | <input type="checkbox"/> HBs Ab | HBV SAB PROV |
| <input type="checkbox"/> CMV viral load Plasma (EDTA) | CMV PCR | <input type="checkbox"/> HBc Ab | HBV TOT PROV |
| <input type="checkbox"/> EBV panel | EBV AB | <input type="checkbox"/> HCV PCR | HCV QUANT |
| <input type="checkbox"/> EBV viral load Whole Blood (EDTA) | EBV PCR | <input type="checkbox"/> HIV QUANT NAT | HIV QUANT |
| <input type="checkbox"/> Respiratory Virus Panel | RESP PANEL | | |

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
BK urine	Urine in sterile container	BK TESTING: Blood and urine testing orders may be included on the same requisition; blood and urine samples for BK testing may be delivered in the same biohazard bag. Refer to Transplant Services ID ASOTP BK Polyomavirus and BK Nephropathy Protocol
BK Plasma	4mL blood in EDTA tube; DO NOT centrifuge or freeze; transport on cold packs / ice to be received within 48 hours of collection	
CMV viral load	5 – 7 mL EDTA tube; 2mL acceptable for infants	Refer to Transplant Services ID ASOTP CMV protocol. New CMV PCR positive (post-transplant) must be rechecked ASAP to assess viral load rate of rise. Recheck sample and results required sooner than routine ProvLab repeat testing allowance. Refer to symptoms as defined in Transplant Services ID ASOTP CMV protocol
CMV IgG	5mL blood SST tube; 2mL red top tube acceptable for infants	
EBV viral load	4 – 7 mL blood EDTA tube; 1 mL acceptable for infants	Refer to Transplant Services ID ASOTP EBV protocol.
EBV Panel	5mL serum SST or red top tube	
Respiratory Virus Panel	Nasopharyngeal or throat swab in Universal Transport Medium ('pink fluid')	Panel includes Influenza A & B, parainfluenza virus 1 – 4, respiratory syncytial virus, adenovirus, coronavirus, human metapneumovirus and enterovirus/rhinovirus (including echovirus)
HBV DNA	two full DEDICATED 4mL EDTA tubes; for pediatric only one full DEDICATED 2mL EDTA tube	Refer to Transplant Services ID ASOTP Non-hepatic Donor and Recipient HBV Protocol
HBsAg HBsAb HBcAb	5mL SST tube; pediatrics use 2mL red top tube	Refer to Transplant Services ID ASOTP Increased Risk Donor Policy. Collect 1, 3 & 12 months post transplant if IRD
HCV PCR	At least 3mL / tube in two DEDICATED SST tubes; pediatric only one 2mL DEDICATED red top tube. Refer to ProvLab for specimen processing and shipping requirements	Refer to Transplant Services ID ASOTP Increased Risk Donor Policy. Collect 1 & 3 months post transplant if IRD
HIV QUANT NAT	Two full DEDICATED 4mL EDTA tubes; pediatric only one full DEDICATED 2mL EDTA tube Refer to ProvLab for specimen processing and shipping requirements	Refer to Transplant Services ID ASOTP Increased Risk Donor Policy. Collect 1 & 3 months post transplant if IRD