NJ Sharing Network
saving lives through organ and tissue donation

691 Central Avenue, New Providence, NJ 07974

Request for Pre-transplant Studies

Gender:_____ Race:_____
DOB:_____/_____/_____
Diagnosis:_____
Dialysis:_____

(label here)

The NJ Sharing Network Transplant Laboratory CLIA# 31DO652894
Director: Prakash Rao, PhD, MBA, FACHE, HCLD 908-516-5454

(Please print)

Patient: _____ SS#:_____

Transplant Center:_____Physician: _____

Address: _____ Contact Number: _____

Specimen Collected: ____/____/____ (date) _____:____ __M (time)

Test (Choose one)

_____ Initial _____ Repeat testing _____ Antibody Screen only

_____ Relist _____ Other _____ RLD: _____ Initial or _____ Final

_____ Flow Crossmatch: _____Yes ____No

Indicate type of patient

_____ Renal _____ Heart _____ Bone Marrow _____ Liver _____ Lung _____ Kidney/Pancreas

Transplant Date:_____ Donor UNOS #:_____

_____RLD: _____ Donor: Relationship: _____

_____ Recipient Name:_____ SS# _____

	Complete Sensitization History
Previous Transplant	Date: ____/____/____ Center: _____ Donor HLA: _____Rejection Date: ____/____/_____.
Transfusions	Date: ____/____/____ Product:_____ Amount: _____
Pregnancy	Number: _____
Desensitizing Protocol	
Immunosuppressive Regimen	

Attach Copy of Updated Referral Form.

Send with Specimens (Outside Primary Container) or Fax to 908-516-5554