

**DETAILED CASE PORTFOLIO FILE FOR HISTOCOMPATIBILITY
LABORATORY DIRECTOR TRAINING & QUALIFICATION**

Case Number:

____ Initial Reviewer ____ Review of Historical Case ____ Case from outside lab

Category or Type of Case (See Appendix A):

Organ Type:

Interesting Points for Case:

Briefly summarize why this case was chosen, highlighting the interesting aspects that will be discussed.

Diagnosis:

Clinical History:

Sensitization History (if applicable):

Technologies/Tests Used in this case: (see Appendix B)

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Demographics	Blood Group	Ethnicity	Gender	Age
Patient				
Donor 1 (if applicable)				
Donor 2 (if applicable)				
Donor 3 (if applicable)				
Donor 4 (if applicable)				
Donor 5 (if applicable)				

Results:

HLA typing results:

*Identify haplotypes of family members, if possible (make patient "ac");
Leave haplotype blank if unrelated donor or insufficient family typing for genotype analysis*

	Haplo type	A	B	C	DRB1	DRB 3/4/5	DQB1	DQA1	DPB1	DPA1
Patient										
Donor 1										
Donor 2										
Donor 3										
Donor 4										
Donor 5										

HLA Antibody Testing: (include only sera relevant to this case)

Serum Date	Method	cPRA	Class I Specificities	Class II Specificities

Crossmatch Results

Donor	Recip Serum Date	Method	T cell	B cell	Interpretation

Other Testing: (Ex. Engraftment, A1 titers, etc)

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Reports and Worksheets:

Please provide as separate file(s). Include only reports and worksheets relevant to the discussion of this case. These should include review date and signature/initials.

Use this space to indicate location of files

<u>File Name</u>	<u>Report/Worksheet Name</u>	<u>Page(s)</u>

Follow-up Testing (if applicable):

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Discussion/ Interpretation/ Outcome

Technical and/or clinical evaluation and Interpretative comments

Any additional information needed to evaluate this case? Assess risk level, identify possible clinical strategies, and scientific/immune state evaluation of the patient, as appropriate.

Any on-going test development/interpretation issues?)

Signed: _____
Director-in-training

Date: _____

Signed: _____
Mentor

Date: _____

Appendix A

Areas of accreditation:

1. HSC Transplantation: Related Donor
2. HSC Transplantation: Unrelated Donor
3. Solid Organ Transplantation: Deceased Donor
4. Solid Organ Transplantation: Live Donor
5. Histocompatibility Testing for Other Clinical Purposes
6. Transfusion Support

Appendix B

Technologies that can be included in the accreditation application:

Technologies	Testing Categories	Methods
Serology/Solid Phase	HLA Typing Crossmatching HLA Antibody Screen/ID	Cytotoxicity ELISA Microarray
Molecular/Polymorphism Analysis	HLA Typing	SSOP SSP Real Time PCR (qPCR)
SBT/Fragment Analysis	HLA Typing Chimerism	DNA Sequencing Next Gen Sequencing Engraftment STR
Flow Cytometry	Crossmatching HLA Antibody Screen/ID	Methods for Quantitation Direct Labeling Indirect Labeling
Cellular		MLC PLT CTL Mitogen/Antigen Stimulation
ABO/Rh		ABO Grouping Rh Typing Anti-A1 Titers