Local bio-clinical protocol for organ transplantation with living donor (kidney/pancreatic)

1. Sampling

The Clinical Department ensures that:

- samples are drawn by qualified and authorized personnel in accordance with regulations.
- the pre-analytical conditions comply with the procedures described in the sampling manual of the performing LBM.
- each sample is accompanied by the examination request form designed by the executing LBM, duly completed.

Failure to comply with these requirements will result in sample rejection.

2. HLA Typing

For the recipient and the donor, 2 HLA typing are mandatory and obtained from 2 separate samples, before transplant. The second typing results confirm the first one and the identity of the patient.

- Low resolution HLA typing A B DR DQ -

- High resolution HLA typing A, B, C, DRB1 (+DRB3/4/5), DQA1, DQB1, DPA1 and DPB1

The donor should be typed on all loci to which the recipient is immunized, at the resolution necessary to conclude on the presence of preformed DSA.

3. Patient immunological record, HLA immunization, histocompatibility tests

The patient's immunological record, including HLA immunological profile is kept by the clinical department.

CERBA does not perform physical or virtual cross-match assay, nor anti-HLA antibodies assay.

4. References

EFI standards for histocompatibility and immunogenetics testing, current version.

RECOMMANDATIONS DE LA SOCIETE FRANCOPHONE DE TRANSPLANTATION (SFT) ET DE LA SOCIETE FRANCOPHONE D'HISTOCOMPATIBILITE ET D'IMMUNOGENETIQUE (SFHI) POUR LE TYPAGE HLA ET LE SUIVI PRÉ ET POST-TRANSPLANTATION RÉNALE DES ANTICORPS ANTI-HLA (Version 31/10/2019)

Date et signatures :

CERBA CLINICAL SERVICE