



NATF 1323 07

(Relates to SOP No. NATS NMRU 084, NATS NMRU 107, NATS NMRU 123, NATS NMRU 147, NATS NMRU 036, NATS NMRU 072)



**NMRU REQUEST FORM
TISSUE, CELL AND ORGAN DONORS**

Attach/Write Donation Number Barcode Label Here <input type="checkbox"/> URGENT (✓)	Serum	For NMRU use only. Affix label here
	Plasma (PPT)	For NMRU use only. Affix label here.
	Plasma (EDTA)	For NMRU use only. Affix label here

Date/Time of Withdrawal of sample (dd/mm/yyyy; hh/mm):

Location: _____ Donor/patient code or ODT number: _____

DONOR INFORMATION										
Originating site: (✓)	TCAT		GLA CAU		EDI CAU		ABN CAU		DUN CAU	

Donation/Donor Type (✓):	Stem cell		Cellular Therapy		Organ		Bone		GMT	
	Deceased (postmortem)		Islet		Reproductive Tissue		Other			

REFERRAL INFORMATION						
Reason for Referral (✓ all applicable):	Routine		Non-Conforming tubes		Known Positive Donor	

INVESTIGATION(S) REQUIRED						
Full Mandatory Screen (✓)	Serology: (Anti-HBc, HBV, HCV, HIV, HTLV, Syphilis) NAT: (HBV, HCV, HIV, HEV)					
Additional test (✓)	Anti-HBc		Malaria antibody		Malaria NAT	T. Cruzi antibody
	WNV NAT		CMV IgM		CMV IgG	CMV NAT
	Toxoplasma IgM		Toxoplasma IgG		SARS-CoV-2 NAT	ABO RhD
Additional Information						
Sent by:	Print Name:	Signature:			Date:	

To be completed by Donor Testing or by TCAT if referring direct to the NMRU							
Sample Type Sent: (✓)	Serum		Plasma (PPT)		Plasma EDTA		Other
Sent by:	Print Name:	Signature:			Date:		
For NMRU use only. If applicable, please tick		NAT referrals. Copy of request form sent to NMRU NAT lab			<input type="checkbox"/>	ABO RhD. Copy of request form and EDTA sample sent to donor testing	

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NMRU REQUEST FORM
TISSUE, CELL AND ORGAN DONORS

INFORMATION TO HELP COMPLETION OF THIS REQUEST FORM:

Send Page 1 only to NMRU with sample(s) for testing. One form per referral type only to: NMRU, Jack Copland Centre, SNBTS, 52 Research Avenue North, Heriot Watt Research Park, Edinburgh EH14 4BE

If applicable tick **Urgent** if a rapid turnaround is required e.g. islet cell donor. Please notify the NMRU as soon as possible by email or telephone if this is required. See contact details below

Please complete all sections or form will be returned and testing delayed.

Donor Information:

- Date and time of withdrawal of sample required. Please use 24hour format for time e.g. 13:00
- Please record the location where the sample was withdrawn e.g. ward and name of hospital
- Donor/patient code or ODT number – if applicable provide donor or patient reference code (e.g. donor reg. no or CHI number) or the organ donation and transplant (ODT) number. If not write N/A
- Select originating site. See code listed below.

Originating Site Code	
TCAT	Tissues, Cells and Advanced Therapeutics
GLA CAU	Clinical Apheresis Unit Glasgow
EDI CAU	Clinical Apheresis Unit Edinburgh
ABN CAU	Clinical Apheresis Unit Aberdeen
DUN CAU	Clinical Apheresis Unit Dundee

Referral Information:

- Routine – refers to samples normally sent direct to the NMRU for testing e.g. Deceased (post mortem) donor samples or anti-HBc referrals
- Non-Conforming Tubes – Samples with tubes which Donor Testing cannot test, short samples.
- Known Positive Donor – All sample tubes should go direct to NMRU if donor is known to be positive for a mandatory marker (s) (i.e. HBV, HCV, HIV, HTLV or syphilis positive donors)

Investigation(s) Required:

- Mandatory microbiological screening of donors is routinely performed by the SNBTS Donor Testing laboratory. However, cases where Donor Testing can not provide a full mandatory screen i.e. for deceased donors, known positive donors or where there are non-conforming tubes, select **Full Mandatory screen** this includes: Serology (Anti-HBc, HBV, HCV, HIV, HTLV, Syphilis) and NAT (HBV, HCV, HIV, HEV).
- Additional test refers to an individual anti-HBc screen and all other additional/discretionary testing. Discretionary Tests should only be selected if the donor meets the testing criteria for the selected test.
- Additional Test should be selected where ABO and RhD grouping, is required on the samples sent to NMRU. This will be referred to the donor testing laboratory by the NMRU. If other additional testing is required, please select appropriate tick box.

If further help is required to complete this form see contact details below:

Contact Telephone number: 0141 433 5923

Contact email address: NSS.SNBTS-NMRUSeniorStaff@nhs.scot