TCATF 181 06
(Relates to SOP No. TCATS CTL 003)

CTL - Patient / Lymphoma Information

Part 1 – Initial Request (Completed by Requesting Physician)

1.1 Requesting Physician	
Name:	
Tel:	
Mobile / Page:	
e-mail:	
Hospital: Address:	

1.2 Patient Details	
Name (underline surname)	
Date of Birth (DD/MM/YY)	
Hospital / CHI number	
Blood group	
Weight (approx) Kg	

Details of Treatment / Immunosuppression

Epstein-Barr Virus (EBV) Lymphoproliferative Disorder: Details, Evidence, Treatment	
Date diagnosis confirmed	

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Part 2 – Additional Information (Completed by Requesting Physician)

2.1 HLA Type:	
Patient Name	
Patient HLA type	please send a copy of the patient's HLA type report
Transplant donor HLA type	please send a copy of the transplant donor's HLA type report, if available
Name / contact details of HLA testing laboratory	

2.2 Transplant History	**Transplant 1**	**Transplant 2**
Organ(s) transplanted		
Date of transplant(s)		
HLA type of donor(s)	please send a copy of the transplant donor's HLA type report	please send a copy of the transplant donor's HLA type report, if available
Mismatch		
Organ donor cells and DNA available	YES / NO	YES / NO

2.3 Patient Sensitisation History (Include any HLA antibodies identified)	
Date	Sensitising event (transfusion, pregnancy, transplantation)

Please send a copy of the most recent HLA antibody test result (within 3 months or following last sensitising event). If not available, please send a sample for testing either locally or to us (using form NATF 1536). This is required to confirm the patient has no HLA antibodies directed towards the CTL.

2.4 Form completed by:			
Name		Designation	
Signature		Date	

Return form + reports to: CTL Staff, TCAT, SNBTS, The Jack Copland Centre, Edinburgh, EH14 4BE
Scan/Email: nss.ctlbank@nhs.scot

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Part 3 – Patient Review (for Completion by SNBTS Medical Staff*)

3.1 Checklist of initial points discussed (Internal use only) (circle as appropriate)			
Patient Initials		Hospital	
Is request relevant?	Yes No	Initials / Date:	
Are potential CTLs available?	Yes No Not Known		
3.2 Following points to be discussed with requesting clinician (circle as appropriate)			
Licensed product forms TCATF 183 & TCATF 190	Yes No	Initials / Date:	
Form TCATF 189 will be sent for patient information & consent	Yes No		
Cost recovery charge explained	Yes No		
Pre-CTL testing blood samples (NATF 1536 or local testing)	Yes No		
Blood sample requested 12 weeks post final CTL (clotted)	Yes No		
3.3 Further information			
Further comments / reason for rejection			

Name		Designation	
Signature / Date:			

* If completing remotely and electronically use Docusign or other appropriate electronic signature. When using Docusign add checkboxes for Yes / No options.