



Blood Sample Request For Anti-EBV CTL Therapy Workup

Please complete this form and return to us with samples for CTL compatibility testing

PATIENT DETAILS			
Surname		Date of Birth	
Forename		M/F	
Hospital number		Weight (kg)	

SAMPLES: Please provide the following samples:

- 10ml blood in EDTA (or buccal smear if paediatric) for patient HLA typing
- 10ml in plain tube for clotted blood, serum for antibody testing

Please provide your contact information in case we have any queries:

PATIENT HOSPITAL CONTACT DETAILS			
Consultant name		Phone no	
Alternative contact		Phone no	
Hospital / Centre			

Signed..... Name Date.....

PACKAGING / SENDING: Please ensure that blood is packaged in compliance with UN3373 Biological Substance (Category B) and Packing Instruction 650. Please include this completed form (keep a copy) and send Mon – Thurs for next day delivery to:

Dr David Turner,
H&I, Edinburgh SE Scotland Blood Transfusion Service,
Royal Infirmary of Edinburgh,
Old Dalkeith Road,
Edinburgh,
EH16 4SA

We would be grateful if you confirmed by e-mail (nss.ctlbank@nhs.net) when samples are sent.

If you have any questions, please contact any of us:

Prof Mark Vickers Aberdeen BTC T: 01224 812 401	CTL bank staff, TCAT, SNBTS The Jack Copland Centre Edinburgh 0131 314 5545	Dr David Turner / Emma Ross H&I, Royal Infirmary of Edinburgh T: 0131 242 7534 / 7528
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Or e-mail nss.ctlbank@nhs.net