

LAB-SP 12 Heart Transplant Order Sets

Copy of version 1.1 (approved and current)

Last Approval or
Periodic Review Completed 3/25/2019

Next Periodic Review
Needed On or Before 3/25/2021


Effective Date 9/24/2019

Controlled Copy ID 204882

Location Lab test catalog online.

Organization Phoenix Children's Hospital

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	3/25/2019	1.0		
				Megan Dishop	
Approval	Quality Check	3/13/2019	1.0	Tianna McCormick	
Approval	Approval by Processing Supervisor	3/13/2019	1.0	Nicole Narloch	

Signatures from prior revisions are not listed.

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
1.1	Approved and Current	Minor revision	9/24/2019	9/24/2019	Indefinite
1.0	Retired	Initial version	2/28/2019	3/25/2019	9/24/2019

Heart Transplant Order Sets LAB-SP 12

Pediatric Heart Transplant Evaluation Lab Reference

Day 1

Order	Tube Type	Min. Volume	Performing Lab	Notes
Type and Screen	(1 - 2) Lavender EDTA	<4m: 0.5 mL 4m-4y: 2 mL >4y: 4 mL	PCH Blood Bank	Submit sample with Blood Bank ID Form PCH6107
Heart Transplant Isohemagglutinin Titer	(2) Lavender EDTA	3 – 4 mL	PCH Blood Bank	1.5 mL of Plasma needed. 3 mL ok if HCT is 50% or less. Remaining plasma is frozen for future parallel.
HLA Typing	Lavender EDTA	2 mL	Donor Network HLA Lab: 602-251-2804	Fill out manual requisition for Donor Network and send STAT.
PRA Panel Reactive ABS	Plain Red *Do NOT spin; leave at room temperature	3 mL	Donor Network HLA Lab: 602-251-2804	Fill out manual requisition for Donor Network and order Luminex Test and send STAT.
Hepatitis Panel, Acute	Plain Red	1 mL	PCH Chemistry	
Hepatitis B Surface Ab				
HIV 1&2 Ag/Ab				
TB Test (not a lab)			<input type="checkbox"/> Placed _____ <input type="checkbox"/> READ at 48 hours. Read date: _____	Please read at 48 – 72 hours and record in medical record.

Day 2

Order	Tube Type	Min. Volume	Performing Lab	Notes
Blood Type Only	Lavender EDTA	<4m: 0.5 mL >4m: 1 mL	PCH Blood Bank	
Cocci Immitis Panel	Plain Red	0.5 mL	PCH Microbiology	Batch tested; Monday, Wednesday, and Friday
EBV Early Ag, IgG				
EBV Viral Capsid Ab, IgG				

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EBV Viral Capsid Ab, IgM				
Mumps Virus Ab, IgG				Batch tested; Tuesday & Thursday evenings

Day 2 cont.

Order	Tube Type	Min. Volume	Performing Lab	Notes
CMV Quant PCR	Lavender EDTA	0.5 mL	PCH Microbiology	Volume allows for one repeat if necessary; batch tested Monday through Saturday with a cutoff of 5pm.
EBV Quant PCR				
Vitamin D, Total	Plain Red	0.3 mL	PHC Chemistry	
RPR w/ Reflex to Titer/FTA	Plain Red	1.5 mL	ARUP Laboratories	If repeats or reflexes are required then sample could be reported as QNS.
Mumps Virus Ab, IgM				
Measles (Rubeola) Ab, IgM				
HSV 1,2 Abs IgM				
Toxoplasma Abs, IgG/IgM	Plain Red	1.3 mL	ARUP Laboratories	
Measles (Rubeola) Ab, IgG				
Rubella Abs, IgG/IgM				
HSV 1,2 IgG				
CMV Abs IgG/IgM				
Varicella Zoster Abs, IgG/IgM				
Toxoplasma gondii PCR	Lavender EDTA	0.5 mL	ARUP Laboratories	

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Day 3

Test Name	Tube Type	Min. Volume	Performing Lab	Notes
CMP	Light Green Lithium Heparin	1 mL	PCH Chemistry	
Total & Direct Bili				
CK				
Cholesterol				
Magnesium				
Phosphorus				
Uric Acid				
LDH				
Amylase				
TSH				
Pre-Albumin	Plain Red	0.5 mL	PCH Chemistry	
T4				
CBC w/ diff	Lavender EDTA	250 uL	PCH Heme	
PT/INR	Light Blue Sodium Citrate	1.8 mL	PCH Coag	Must be properly filled to fill line. If also ordering Factor testing only (1) 2.7 mL tube is needed for all testing (PT/INR, APTT, Fibrinogen, Factors 2, 5, 7, 8, 9, 10).
APTT				