Dr Lal PathLabs

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(Hony) Brig. Dr. Arvind Lal
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Padma Shri
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA

NABL ACCREDITED M-0061

CAP ACCREDITED

ISO 9001: 2008 FS 60411

Dr. Vandana Lal
M.D (PATH), IFCAP
Chief of Pathology
SHIROMANI AWARD WINNER

Name of Patient	: Mr. XX	**Age**	: 00Yrs	**Gender**	: Male
Name of Donor	: Mr **XX**	**Age**	: 00 Yrs	**Gender**	: Male
Referred by	: Dr. **XX**	**Relation**	: XX		
Lab No	: **16 4000/000**	**Collection date**	: 19.09.2017		
Report at	: **XXXX**	**Reporting Date**	: 23.09.2017		
Diagnosis	: XX				

HLA TYPING REPORT

HLA - A LOCUS HIGH RESOLUTION TYPING

(SEQUENCING BASED TYPING)

NAMES	HLA GENOTYPES
	A LOCUS
Mr.	*40:26, *55:01
Mr	*30:20, *55:12

Note: 1. Test conducted on EDTA / ACD whole blood

2. Sequencing data analysed using IMGT/HLA release 3.23.0 2016 Jan 19.

DR. ATUL THATAI
PhD
HOD - Molecular Diagnostics

Prof. DR. JASMEET KAUR
MD (PATH), PhD (Transplant - Immunology & Immunogenetics)
HOD - Histocompatibility & Transplant Immunology

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Name of Patient	: Mr. XX	**Age**	: 00 Yrs	**Gender**	: M
Name of Donor	: Mr. XX	**Age**	: 00 Yrs	**Gender**	: M
Referred by	: Dr. XX	**Relation**	: XX		
Lab No	: **17 135091302**	**Collection date**	: 22.09.2017		
Report at	: **LPL-ROHINI**	**Reporting Date**	: 23.09.2017		
Diagnosis	: XX				

DONOR SPECIFIC IgG ANTIBODIES & PANEL REACTIVE ANTIBODIES SCREEN PROFILE

(Luminex Fluoro-beads X- Map)

Anti-HLA IgG antibodies	MFI (Mean Fluorescence Intensity)	Result
Class I	<500	Negative
Class II	<500	Negative

INTERPRETATION:

INTERPRETATION: DSA

MFI	RESULTS
<500	Negative
500 - <1000	Weak positive
1000-2000	Positive
>2000	Strong positive

PRA SCREEN

Anti-HLA IgG antibodies	Result
Class I	Negative
Class II	Negative

INTERPRETATION: PRA

RESULTS	PERCENTAGE PRA
<4	Negative
4 - 10	Weak positive
11- 50	Moderate positive
>50	Strong positive

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Name of Patient	: Mr. -	**Age**	: -- Yrs	**Gender**	: -
Name of Donor	: Mr. -	**Age**	: -- Yrs	**Gender**	: -
Referred by	: Dr. --	**Relation**	: --		
Lab No	: **16 4000/000**	**Collection date**	: 09.03.2016		
Report at	: **LPL-ROHINI**	**Reporting Date**	: 14.03.2016		
Diagnosis	:				

RISK STRATIFICATION:

Note:

1. DSA detects anti HLA IgG antibodies against HLA- A, B (class I) and HLA DRB1 (class II) antigens.
2. Presence of IgG DSA may lead to hyperacute, acute or chronic antibody mediated rejection for solid organs and may cause delayed engraftment in BMT.
3. The test is valid for 72 hours only . Sensitizing events like blood transfusion, pregnancy, vaccination and change in immunosuppression may affect the DSA levels.
4. Pretransplant DSA helps to discern between pre-existing anti DSA from those antibodies that develop post transplant.
5. Anti Thymocyte Globulin (ATG) administration can interfere with results. It is recommended to perform the test at least one week after the last dose.
6. Positive DSA result is not a contraindication to renal transplant but only represents additional risk of rejection. These patients will require close post transplant monitoring as it may cause post-transplant glomerulopathy.
7. PRA screen detects general sentitization which may or may not be donor specific and is a useful adjunct to detect anti DQB1 and anti HLA C reactivity and helps in risk stratification as DSA may give false positive results.

Comment:

This semi-quantitatie panel detects both non donor specific (PRA Screen) and donor specific ant HLA IgG antibodies by Luminex X- Map technology on basis of which a combined risk stratification is done. For exact derivation of antibody titres in serum additional testing is recommended. If the patient is identified as high risk it will be useful to test further by PRA quantitative or single antigen bead method and do a cell based assay such as CDC or Flow crossmatch for monitoring of treatment an precise risk assignment.

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