

Standards for Histocompatibility Testing

Notice and Disclaimer

These standards set forth only the minimum requirements for accredited histocompatibility laboratories. These standards do not set forth all that may be required of a facility to conform to federal or state laws or regulations (or non US equivalent) or the standard of care prevailing in the relevant community. Each facility must determine whether additional practices and procedures should be used in their particular locale. UNOS expressly disclaims any warranty that compliance with these standards meets all federal or state laws or regulations (or non US equivalent) or the standard of care that may prevail in any relevant community.

- A General Policies
- B Personnel Qualifications
- C Quality Assurance
- D HLA Antigens/Alleles
- E HLA Typing
- F Mixed Leukocyte Culture Tests
- G Antibody Screening
- H Renal and Pancreas Organ Transplantation
- I Other Organ Transplantation
- J Red Cell Typing for Organ Transplantation
- K Immune Function/Response Monitoring
- L Chimerism Analysis
- M Nucleic Acid Analysis
- N Flow Cytometry
- O Enzyme Linked Immuno Sorbent Assay (ELISA)

I- Other Organ Transplantation

I1.000 The laboratory must HLA type all transplant recipients and donors when requested by a physician or other authorized individuals. It is recommended that, whenever possible, preprocurement samples be used for typing and crossmatches.

I2.000 Patients must be screened for the presence of anti-HLA- antibodies at initial evaluation and following sensitizing events, as applicable. It is recommended that unacceptable antigens be identified to optimize donor selection if crossmatch tests cannot be performed prospectively.

I3.000 Crossmatching

I3.100 The laboratory must be capable of performing a prospective crossmatch and must do so when requested by a physician or other authorized individuals. Histocompatibility laboratories must have a joint written policy with their transplant program(s) on transplant candidate crossmatching strategies.

I3.110 Techniques with increased sensitivity in comparison with the basic/NIH complement-dependent micro-lymphocytotoxicity test must be used.

I3.200 It is recommended that if a transplant candidate receives a blood transfusion, has an allograft that is rejected or removed, or experiences any other potentially sensitizing event, a serum sample obtained post-sensitization be used in the final crossmatch.