Helping to ensure a better transplant testing journey

3 stages of testing

The transplant testing process is complex, as each patient requires testing before the transplant, frequent testing immediately after, and regular testing in the years that follow. Rising demand and advancing science have led to more transplants and longer survival, resulting in increased testing needs.^{1,2} Get to know the 3 phases of transplant testing.



> Start now



Quest Advanced[®] Specialized Transplant Services

Pre-transplant evaluation and pre-operative testing*

Blood type testing

Establishes ABO blood type, as recipients and donors must have either the same blood type or compatible ones.³

Human leukocyte antigen (HLA) testing

Matches organ and tissue recipients with compatible donors; also screens for the presence of antibodies that might target the donated tissue or organ as part of an immune response.³

Crossmatch testing

Detects the presence of antibodies in the recipient against the red blood cells of the donor. Occurs several times during living-donor transplant preparation, particularly if donor-specific blood transfusions are employed; a final crossmatch also is performed within 48 hours before the transplant.³

Infectious disease and other testing

Tests for infectious diseases, such as HIV, sexually transmitted infections (STIs), hepatitis cytomegalovirus (CMV), and West Nile virus; also checks the function of the heart, kidneys, liver, thyroid, and/or immune system, blood sugar control, and/or electrolyte balance.³

*Pre-transplant testing is conducted as applicable in a Quest Diagnostics FDA-registered transplant lab using FDA-cleared or approved tests. Disclaimer: The timeline of infectious disease testing following organ transplantation is not limited to this.





Post-operative monitoring

Infectious disease testing <4 weeks post-transplant

Monitoring and testing for donor-derived viruses, *Candida* species, anastomotic leaks, *Clostridioides difficile (C. diff)*, line and wound infection, nosocomial pneumonia, and urinary tract infections.⁴ Drug toxicity and drug interactions with immunosuppressive agents used to maintain graft function should also be monitored.⁴

Infectious disease testing 1–12 months post-transplant

Monitoring and testing for adenovirus, BK polyomavirus, Epstein-Barr virus, hepatitis B and C, herpes simplex virus, human herpesvirus 6 and 7, varicella zoster virus (VZV), Aspergillus, endemic fungi, Mucor, Scedosporium, Pneumocystis jirovecii, Listeria monocytogenes, Nocardia species, Leishmania species, Strongyloides stercoralis, Trypanosoma cruzi, and Toxoplasma gondii.⁴

Infectious disease testing >12 months post-transplant

Monitoring and testing for community-acquired respiratory viruses, cytomegalovirus, human papillomavirus, JC polyomavirus and PML, PTLD, *Aspergillus, Cryptococcus neoformans, Mucor, Scedosporium*, and *Mycobacterium tuberculosis*, among others.⁴

> See post-transplant infection risk timeline







Ongoing follow-up and care

Regular/routine blood testing

Includes monitoring and testing for evidence of chronic rejection, organ/body function, and effectiveness of post-op treatment. Also requires management of risk factors, led by primary care physician and coordinated with transplant center/team, as cardiovascular disease and renal failure are the leading causes of post-transplant morbidity and mortality independent of graft rejection.²

Molecular expression testing

Monitors the activity of specific genes in white blood cells to determine the risk of acute cellular rejection for heart transplant recipients.

A better transplant testing journey for

Find out how Quest Diagnostics is powering affordable care through improved experiences and better outcomes across the patient and hospital transplant journey.

to learn more.

References

- 1. UNOS. Transplant trends. 2021. More organ transplants than ever in a single year. https://unos.org/data/transplant-trends/
- 2. Cimino FM, Snyder KAM. Primary care of the solid organ transplant recipient. Am Fam Physician. 2016;93(3):203-210.
- 3. UCSF Health. Transplant screening tests. https://www.ucsfhealth.org/education/transplant-screening-tests
- 4. Fishman JA. Infection in organ transplantation. Am J Transplant. 2017;17:856-879

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patients and providers

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Post-transplant diseases and average times of onset⁴

Time Post-Transplant

	< 4 Weeks	1–6 Months	7–12 Months	>1
Source	Nosocomical, technical, donor/recipient	Activation of latent, relapsed, residual, opportunistic infections		Con
			Cytomegalovirus (CMV)	
		Hepatitis B virus (HBV)		
		Herpes simplex virus (HSV)		
Viral		Human herpesvirus 6 (HHV6) and	I 7 (HHV7)	
			PTLD	
			Varicella zoster virus	
	Donor-derived viruses			
al		Aspergillus		
Fungal	Candida species (non-albicans)			
ш			Pneumocystis jirovecii	
rial			Listeria monocytogenes	
Bacterial			Nocardia species	
Ő				Mycobacteriu
Parasitic			Strongyloides stercoralis	
aras			Toxoplasma gondii	
0				



>12 Months

Community-acquired

