RTTAC01.95
As per 01.01.2000, ET should cooperate with tissue typing centers which have an EFI accreditation, covering the total service of patient, donor, crossmatch, etc.

RTTAC02.95
Pilot study on recipient retyping.

RTTAC03.95
Introduction of a DTT crossmatch as a standard procedure.

RTTAC04.95
Retyping of the blood group of each organ donor should be repeated in the recipient center.

RTTAC06.95
Skip the use of logical identical antigens (LIA) with the implementation of the new allocation system.

RTTAC04.99
Eurotransplant affiliated laboratories must have submitted the package A for EFI accreditation to the EFI accreditation office by 01.01.2000. Names of centers not meeting this deadline will be published in the ET Newsletter.

RTTAC05.99
In order to reduce the cold ischaemia period, the laboratories should start donor HLA typing and crossmatching using peripheral blood.

RTTAC06.99 (rephrased)
Matching for HLA-DR splits (DR1 - DR16) should be introduced for the allocation of donor kidneys on January 1, 2001.

RTTAC07.99
Non-renal tissue typing centers of Eurotransplant must participate in the Quality Control exercises of Eurotransplant and have to submit the Package A for an EFI accreditation by 01.06.2000. The TTC must have an accreditation by 01.01.2001.

RTTAC01.02
When the acceptable mismatch (AM) program indicates that a donor is compatible with an AM patient, the kidney must be sent to the recipient center without performing a crossmatch in the tissue typing laboratory affiliated to the donor center. The final crossmatch must be done by the tissue typing laboratory affiliated to the recipient center, using current and historical sera if available.

RTTAC02.02
In order to speed up the generation of match- and crossmatch lists and to prevent clerical errors, all donor tissue typing centers (TTC) must report the donor HLA data directly via the Eurotransplant Network Information System. The office is asked to realize that all TTC have a direct access to the system.

RTTAC01.04
In order to reduce the cold ischemia period, the laboratories **must** start donor HLA typing and crossmatching using peripheral blood, provided that blood is available in the laboratory.

RTTAC02.04
The EFI accreditation is a preprequisite for reporting histocompatibility data to ENIS. The TTC must have renewed their accreditation not longer than 6 months after expiration in order to be considered as an accredited laboratory affiliated to Eurotransplant.

RTTAC03.04
In case of a kidney and/or pancreas offer, the final decision on the histocompatibility, including the interpretation of the crossmatch, must be taken by the tissue typing center appointed by the recipient transplant center.

RTTAC04.04
For a proper identification of the blood, spleen and/or lymphnodes samples that are sent to the tissue typing laboratories for donor typing and crossmatching, the ET number of the organ donor must be written on the accompanying forms.

RTTAC01.06
In order to avoid inappropriate removal of patients from the active waiting list due to an outdated screening, the ET office ~~must~~ informs the recipient center beforehand that a patient will be removed from the active waiting list in case of an outdated screening.

RTTAC02.06
It should be made possible to enter a virtual PRA value in the patient specific profile which is based on the frequency of antigens towards the patient specific antibodies in the donor population. This would be an alternative for the %PRA which is based on antibody screening against a panel.

RTTAC03.06 (rephrased)
In case of a fully homozygous donor, zero HLA mismatch recipients will be ranked according to their extent of homozygosity (descending from fully homozygous to heterozygous recipients).
After two years the effect of this rule will be analyzed. An extension to not fully homozygous donors might then be needed.

RTTAC01.07
Introduce in ENIS a possibility to indicate if a cross match must be done at the donor center (*indication to be done by tissue typing laboratory only*). This will prevent shipment of sera without complement fixing antibodies, which will always lead to negative cross matches in the donor center.

RTTAC01.09
In case the HLA-typing is available prior to the start of allocation, a kidney match has to be performed first. If there is a recipient on the AM-mismatch kidney transplant waiting list, who is in need of a combined transplantation, the kidney and non-renal organ(s) will be offered to this recipient first, independent of the non-renal organ ranking.

RTTAC01.10
In order to have a uniform and reliable parameter for sensitization in ET, the v-PRA value (based on the phenotype frequency of the unacceptable mismatches) will replace the %-PRA value.

RTTAC02.10
Centers receiving organs via the AM program must report additional follow-up data of their AM transplants for evaluation and/or improvement of the program. The follow-up must include number and kind of rejection episodes in the first 180 days, and one year patient and graft survival. The data will be presented to the community on an annual basis.

RTTAC01.11
In order to avoid clerical errors all transplantation relevant immunological results, i.e. typing, screening and crossmatching must be reported electronically. The TTC of the patients is responsible for the histocompatibility related reports to Eurotransplant.

RTTAC02.11
Recipients and post-mortem donors within ET must be typed for HLA-A, -B, -C, -DR and –DQ