

HLA Laboratory Requisition for Testing Services and Product Orders



Please follow up your request with a phone call: 503.280.0210 (#2), 800.922.3998 or 503.528.5754, Fax: 503.280.1483

Submitting Institution

Institution Name/Address: _____

Phone: _____ **Fax:** _____ **Referring Physician:** _____

Patient Information (Required Information in bold)

Name: _____ **Health Record #:** _____

(Last) (First) (MI)

Birthdate: _____ **Sample Collection Date (if sample provided):** _____

Gender: Male Female **Race:** African American Asian Caucasian Hispanic Native American Other

Diagnosis: _____ **ABO/Rh:** _____ **IVIg Administered?*** Yes No

*IVIg infusion interferes with testing. Allow 3 months for clearance before submitting a specimen.

Test Request

Sample Requirements

<p style="text-align: center;">Low Resolution Molecular HLA Typing:</p> <p><input type="checkbox"/> HLA-A <input type="checkbox"/> HLA-DR</p> <p><input type="checkbox"/> HLA-B <input type="checkbox"/> HLA-DQ</p> <p><input type="checkbox"/> HLA-C</p>	<p><u>Four</u> - 7mL EDTA tubes (ACD is preferred. We must receive a minimum of two 7mL tubes, four is preferable if the white cell count is low)</p>
<p><input type="checkbox"/> High Resolution Molecular Typing: Antigen _____</p> <p><small>(High Res. typing is sent out for testing. The associated charge is \$325)</small></p>	<p><u>One</u> - 7mL EDTA tube (ACD is preferred)</p>
<p><input type="checkbox"/> New Patient Workup: Includes HLA-A & B typing, HLA Class I antibody screen and platelet antibody ID, HLA antibody ID will be performed and billed if the screen is positive (\$220).</p>	<p><u>Four</u> - 7mL EDTA or ACD tubes and <u>One</u> - 7 mL Clot tube or 3 mL serum (< 48 hrs old) (do not use gel separator)</p>
<p><input type="checkbox"/> Bone Marrow Workup: Includes low resolution HLA-A; B; DR & DQ – HLA-C performed upon request, check request above.</p>	<p><u>Two</u> - 7mL EDTA tubes</p>
<p><input type="checkbox"/> TRALI Recipient Workup: Includes: HLA-A & B typing</p> <p><small>Note: TRALI work-ups are warranted in the event donors have been deemed involved in a recipient reaction.</small></p>	<p><u>Two</u> - 7mL EDTA or ACD tube</p>
<p style="text-align: center;">HLA/Platelet Antibody Testing:</p> <p><input type="checkbox"/> Class I HLA Antibody Screen</p> <p><input type="checkbox"/> Class I Antibody ID</p> <p><input type="checkbox"/> Class II HLA Antibody Screen</p> <p><input type="checkbox"/> Platelet Antibody ID</p>	<p><u>One</u> - 7mL clot tube or 3 mL serum (< 48 hrs old) (do not use gel separator)</p>
<p><input type="checkbox"/> Platelet Cross-match <small>√ if submitting sample for future testing</small></p>	

Platelet Product Request

of Products: _____ **Anticipated Dates of Transfusion:** _____, _____, _____, _____, _____, _____

Last Platelet Count/Date: _____ **HLA Type (if known):** A(____, ____); B(____, ____)

<p>Irradiated at PNWBSR: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CMV Negative: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HLA Matched and/or Antigen negative: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Platelet Cross-matched: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>(Please see above for sample requirements)</small></p> <p>Comments: _____</p>	<p>For ARC Use Only Received by (initials/date): _____</p> <p>Unit numbers: _____</p> <p><input type="checkbox"/> HLA Matched</p> <p><input type="checkbox"/> Cross-matched</p> <p>Filled by (initials/date): _____</p>
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