

HISTOCOMPATIBILITY TESTING REQUISITION

American National Red Cross
700 Spring Garden Street
Philadelphia, PA 19123-3594

Histocompatibility Laboratory Services, Philadelphia, PA
215-451-4131

Reference #: _____
(Lab use only)

Lab Hours are 8:00 am to 5:00 pm Monday to Friday

Instructions: Advanced scheduling is preferred.

Please fill in requested patient information. The specimen should reach the lab within 24 hours of collection. If this is not possible, call the lab at 215-451-4131 for special instructions.

Specimen Collection Date: _____

Physician: _____

Institution: _____

Phone: _____

Patient / Donor (Circle One)

Last Name: _____

First Name: _____

Date of Birth: _____ Sex: M / F

I.D. Number: _____ (Circle One)

Clinical Diagnosis: _____

WBC Count _____ % Lymphocyte _____

Previous Transplant? Yes / No (Circle One)

If Yes, Date of Transplant: _____

Donor: _____ Relationship: _____

Previous Transfusion? Yes / No (Circle One)

If Yes, Date of Transfusion: _____

Form Completed by: _____

Send Results and Bill to: (Name and Address)

Fax #: _____

Date Received: _____ Tech: _____

Completed by ARC staff

Unless otherwise indicated, ACD, EDTA, Buccal swab (QTY 4), or previously extracted DNA are acceptable.

- | | | <u>Sample Type</u> |
|--------------------------|---|--------------------|
| <input type="checkbox"/> | HLA 254 HLA-A and B Typing for Platelet Transfusion | |
| <input type="checkbox"/> | HLA 205 HLA Antibody Screen for Transfusion, Class I | Red Top* |
| <input type="checkbox"/> | HLA 301 HLA Antibody Screen for Transplantation, Class I & II | Red Top* |
| <input type="checkbox"/> | HLA 311 HLA Antibody Identification, Class I, IgG (reflex from positive screening) | Red Top* |
| <input type="checkbox"/> | HLA 321 HLA Antibody Identification, Class II, IgG (reflex from positive screening) | Red Top* |
| <input type="checkbox"/> | HLA 315 C1q Antibody Identification Class I | Red Top* |
| <input type="checkbox"/> | HLA 325 C1q Antibody Identification Class II | Red Top* |
| <input type="checkbox"/> | HLA 445 COVID Antibody Screen | Red Top* |
| <input type="checkbox"/> | HLA 468 Crossmatch - T and B Cells | Red Top* + ACD |
| <input type="checkbox"/> | HLA 352 Low Resolution HLA - A, B & C Typing | |
| <input type="checkbox"/> | HLA 361 High Resolution HLA - A, B & C Typing | |
| <input type="checkbox"/> | HLA 353 Low Resolution HLA - DRB1, DQB1 Typing | |
| <input type="checkbox"/> | HLA 366 High Resolution Molecular Typing - HLA - DRB1, DQB1 | |
| <input type="checkbox"/> | HLA 356 Low Resolution HLA - A, B & DRB1 CT Typing | |
| <input type="checkbox"/> | HLA 364 High Resolution Molecular Typing - HLA - A, B, C, DRB1 and DQB1 | |
| <input type="checkbox"/> | HLA 348 High Resolution Molecular Typing - HLA -DPB1 | |
| <input type="checkbox"/> | HLA 478 KIR Typing, low resolution | |
| <input type="checkbox"/> | HLA 378 Transplant Workup: High resolution 11 loci | |

HSCT Engraftment Monitoring by STR Analysis

- | | | |
|--------------------------|---|-------------|
| <input type="checkbox"/> | HLA 451 Pre-Transplant Recipient Sample | ACD or EDTA |
| <input type="checkbox"/> | HLA 452 1st Donor Pre-Transplant Sample | ACD or EDTA |
| <input type="checkbox"/> | HLA 454 Post Transplant Recipient-Mixed Lymphoid Cells, blood | ACD |
| <input type="checkbox"/> | HLA 455 Post Transplant Recipient- T Cells | ACD |
| <input type="checkbox"/> | HLA 456 Post Transplant Recipient- B Cells | ACD |
| <input type="checkbox"/> | HLA 457 Post Transplant Recipient - Neutrophils / Myeloid Cells | ACD |
| <input type="checkbox"/> | HLA 459 Post Transplant Recipient - NK Cells | ACD |

HLA 755 STAT Testing * No Additive, No Clot Activator or Gel Separator Tubes

Please contact the laboratory directly for tests needed for Disease Association, Drug Hypersensitivity, and single locus testing options.

