

HISTOCOMPATIBILITY TESTING REQUISITION

American Red Cross Blood Services - Penn Jersey Region
 700 Spring Garden Street
 Philadelphia, PA 19123-3594

Histocompatibility / Molecular Genetics Laboratories
 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 _____

Relationship to Patient: _____
 Name of Patient: _____

Previous Transplant? Yes / No (Circle One)
 If Yes, Date of Transplant: _____
 Donor: _____ Relationship: _____

Form Completed by: _____

Send Results and Bill to: (Name and Address)

 Fax #: _____

- | | | <u>Sample Type</u> |
|---|---|--------------------|
| <input type="checkbox"/> | HLA 072 HLA-A and B Typing for Platelet Transfusion | EDTA or ACD |
| <input type="checkbox"/> | HLA 008 HLA Disease Association Typing (Antigen _____) | EDTA or ACD |
| <input type="checkbox"/> | HLA 025 HLA Antibody Screen for Transfusion, Class I | Red Top* |
| <input type="checkbox"/> | HLA 108 HLA Antibody Screen for Transplantation, Class I & II | Red Top* |
| NOTE: Positive Screening results proceed automatically to Antibody Identification. | | |
| <input type="checkbox"/> | HLA 109 HLA Antibody Identification, Class I, IgG | Red Top* |
| <input type="checkbox"/> | HLA 111 HLA Antibody Identification, Class II, IgG | Red Top* |
| <input type="checkbox"/> | HLA 096 Crossmatch - T and B Cells | Red Top* + ACD |
| <input type="checkbox"/> | HLA 098 Molecular HLA - A, B & C Typing - Intermediate Resolution | EDTA or ACD |
| <input type="checkbox"/> | HLA 147 Molecular HLA - A, B & C Typing - High Resolution | EDTA or ACD |
| <input type="checkbox"/> | HLA 097 Molecular HLA - DR, DQ Typing - Intermediate Resolution | EDTA or ACD |
| <input type="checkbox"/> | HLA 148 Molecular HLA - DR, DQ Typing - High Resolution | EDTA or ACD |
| <input type="checkbox"/> | HLA 038 Molecular HLA - A, B & DR CT Typing - Intermediate Resolution | EDTA or ACD |
| <input type="checkbox"/> | HLA 058 High Res. Molecular Typing - HLA - A, B, C, DR and DQ | EDTA or ACD |
| <input type="checkbox"/> | HLA 099 High Res. Molecular Typing - HLA - A Only | EDTA or ACD |
| <input type="checkbox"/> | HLA 100 High Res. Molecular Typing - HLA - B Only | EDTA or ACD |
| <input type="checkbox"/> | HLA 118 High Res. Molecular Typing - HLA - C Only | EDTA or ACD |
| <input type="checkbox"/> | HLA 101 High Res. Molecular Typing - HLA - DR Only | EDTA or ACD |
| <input type="checkbox"/> | HLA 130 High Res. Molecular Typing - HLA - DQ Only | EDTA or ACD |
| <input type="checkbox"/> | HLA 114 High Res. Molecular Typing - HLA - DP Only | EDTA or ACD |
| <input type="checkbox"/> | HLA 049 KIR Typing | EDTA or ACD |

HSCT Engraftment Monitoring by STR Analysis

- | | | |
|--------------------------|---|--------------------|
| <input type="checkbox"/> | HLA 015 <i>Pre-Transplant Recipient and Donor Work Up</i> | <i>ACD or EDTA</i> |
| <input type="checkbox"/> | HLA 020 Post Transplant Recipient-Mixed Lymphoid Cells | ACD |
| <input type="checkbox"/> | HLA 024 Post Transplant Recipient- T Cells | ACD |
| <input type="checkbox"/> | HLA 030 Post Transplant Recipient- B Cells | ACD |
| <input type="checkbox"/> | HLA 146 Post Transplant Recipient - Neutrophils / Myeloid Cells | ACD |
| <input type="checkbox"/> | HLA 032 Post Transplant Recipient - NK Cells | ACD |

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

Date Received: _____ Tech: _____