

Name (Last, First, Middle) / UNOS ID

LABORATORIES OF PATHOLOGY Immunogenetics Laboratory 22 South Greene Street Baltimore, Maryland 21201-1595

Phone: 410-328-3271 Tube Station #6 Email: IMGL@umm.edu

Requesting Physician / Designee (Print)

Requisition for HLA / Histocompatibility Testing

MRN	Date of Birth	Phone Number	Date
Gender: ☐ Male / ☐ Female / ☐ U	nknown		
Specimen Collection Data		Testing Priority	
Specimen Collection Date		Testing Priority	
,		☐ Routine ☐ STAT / TA	T1
Test Menu			Lab Test Code
HLA Typing			
	BB4///		NOC (5)
☐ HLA-ABC, DRB1, DRB3/4/5, DQB1/DQA1, DPB1/DPA1			NGS (B)
High Resolution / Allele Level Typing by NGS			
Specimen: Whole Blood One 7 ml Vollow Ton (ACD) Tubo			
Specimen: Whole Blood - One 7 ml Yellow Top (ACD) Tube			
LI A Antihadu Analusis			
HLA Antibody Analysis)		
☐ HLA Class I and Cla	HD PRA 1/2 (B)		
Specimen: Serum – One 10 ml Red Top or SST Tube			
Special Instruction for T			
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Send Requisition and Specimen(s) to the Immunogenetics Laboratory via "Tube Station 6" or Deliver to Room P2G01