

Requisition for HLA / Histocompatibility Testing

Name (Last, First, Middle) / UNOS ID		Requesting Physician / Designee (Print)	
MRN	Date of Birth	Phone Number	Date
Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female / <input type="checkbox"/> Unknown			
Specimen Collection Date ____/____/____		Testing Priority <input type="checkbox"/> Routine <input type="checkbox"/> STAT / TAT1	

Test Menu	Lab Test Code
<p>HLA Typing</p> <p><input type="checkbox"/> HLA-ABC, DRB1, DRB3/4/5, DQB1/DQA1, DPB1/DPA1 High Resolution / Allele Level Typing by NGS</p> <p>Specimen: Whole Blood - One 7 ml Yellow Top (ACD) Tube</p>	NGS (B)
<p>HLA Antibody Analysis</p> <p><input type="checkbox"/> HLA Class I and Class II Single Antigen Antibody Analysis</p> <p>Specimen: Serum – One 10 ml Red Top or SST Tube</p>	HD PRA 1/2 (B)
<p><i>Special Instruction for Testing:</i></p>	

Send Requisition and Specimen(s) to the Immunogenetics Laboratory via “Tube Station 6” or Deliver to Room P2G01