

Solid Organ Transplant Test Requisition for HLA Typing and Histocompatibility Testing

Txp Type: Kidney Heart Lung Other _____ Txp Status: Pre-Txp Post-Txp Txp Date: _____

Requisition For: Patient / Recipient - Indicate the last 5 digits of the Donor MRN or UNOS ID _____

Donor – Indicate the last 5 digits of the Recipient MRN _____

Name (Last, First, Middle) / UNOS ID		Requesting Physician / Designee (Print)	
MRN	Date of Birth	Contact Person and Phone Number	Date
Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female / <input type="checkbox"/> Unknown			
Specimen Collection Date _____/_____/_____ <input type="checkbox"/> Use Stored Specimen		Testing Priority <input type="checkbox"/> Routine <input type="checkbox"/> STAT / TAT1	
<input type="checkbox"/> Store Specimen ONLY; Do NOT test			
Specimen Type <input type="checkbox"/> Whole Blood (Yellow Top / ACD) <input type="checkbox"/> Serum (Red Top or SST) <input type="checkbox"/> Buccal Swab (Low resolution HLA typing ONLY for special cases)		Crossmatch Type <input type="checkbox"/> Preliminary <input type="checkbox"/> Final Serum Date to Use: _____	
Patient History: Previous Transplants (Number / Date) _____ Last Transfusion (Number / Date) _____ Pregnancy (Number) _____ Other recent sensitizing events (Vaccinations; Infections; Disease) _____ Has the patient received monoclonal antibody therapy within the last year (e.g. ATG; Rituximab)? Yes _____ No _____ Unknown _____			

HLA Typing and Histocompatibility Test Menu	Lab Test Code
<input type="checkbox"/> HLA-ABC, DRB1, DRB3/4/5, DQB1/DQA1, DPB1/DPA1 High Resolution / Allele Level Typing by NGS – Routine typing method Specimen: Whole Blood - One 7 ml Yellow Top (ACD) Tube	NGS (B)
<input type="checkbox"/> HLA-ABC, DRB1, DRB3/4/5, DQB1/DQA1, DPB1/DPA1 Low Resolution for <u>URGENT TYPING ONLY</u> Specimen: Whole Blood - One 7 ml Yellow Top (ACD) Tube	HLA Typing (B)
<input type="checkbox"/> HLA Class I and Class II Single Antigen Antibody Analysis Specimen: Serum – One 10 ml Red Top or SST Tube	HD PRA 1/2 (B)
<input type="checkbox"/> Virtual Crossmatch No specimen required	VXM
<input type="checkbox"/> Flow Cytometric Crossmatch, Allogeneic Patient: Serum – One 10 ml Red Top or SST Tube or Stored Serum Donor: Whole Blood - Four 7 ml Yellow Top (ACD) Tubes	FCM (B)
<input type="checkbox"/> Flow Cytometric Crossmatch, Autologous Patient: Serum - One 10 ml Red Top or SST Tube or Stored Serum <u>AND</u> Whole Blood - Four 7 ml Yellow Top (ACD) Tubes	FCM Auto (B)
<input type="checkbox"/> Living Donor PreOp Specimen Storage One 10 ml Serum / SST Tube <u>AND</u> One 5 ml EDTA / Lavender Tube	ID NT

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