

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	Phone Number	Date
Specimen Collection Date _____/_____/_____ ☐ Use Stored Specimen		Testing Priority ☐ Routine ☐ STAT / TAT1	
Specimen Type ☐ Whole Blood (Yellow Top / ACD) ☐ Serum (Red Top or SST)		Crossmatch Type ☐ Preliminary ☐ Final Serum Date to Use: _____	
Patient History Previous Transplants (Number / Date) _____ Last Transfusion (Number / Date) _____ Pregnancy (Number) _____ 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
☐ HLA-ABC, DRB1, DRB3/4/5, DQB1/DQA1, DPB1/DPA1 High Resolution / Allele Level Typing by NGS Specimen: Whole Blood - One 7 ml Yellow Top (ACD) Tube	NGS (B)
☐ HLA-ABC, DRB1, DRB3/4/5, DQB1/DQA1, DPB1/DPA1 Low Resolution for URGENT Listing in UNET - For Thoracic Transplant Recipients ONLY Specimen: Whole Blood - One 7 ml Yellow Top (ACD) Tube	HLA Typing (B)
☐ 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)
☐ Virtual Crossmatch No specimen required	VXM
☐ 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)
☐ 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)

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