



**TRANSPLANT IMMUNOLOGY REQUISITION**  
(RETURN THIS FORM WITH BLOOD SAMPLE)

Name of person being drawn: \_\_\_\_\_

MRN \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ICD-9 \_\_\_\_\_ Coordinator \_\_\_\_\_

**Test request:**

\_\_\_ **HLA Initial RENAL and/or PANCREAS evaluation** (2 red, 3 ACD)  
Please provide the following information for any evaluation for KI, PA, MVT &/or LI:  
# Pregnancies: \_\_\_\_\_ # Transfusions: \_\_\_\_\_ Prev Txp \_\_\_\_\_

\_\_\_ **HLA Initial Liver evaluation** (2 red, 1 ACD)

\_\_\_ **HLA Initial Multivisceral evaluation** (also for liver/kidney, liver/pancreas) (2 red, 3 ACD)

\_\_\_ **HLA Monthly PRA** (1 red)

\_\_\_ **HLA Potential Living donor evaluation** (1 red, 3 ACD)

Recipient name \_\_\_\_\_

Recipient MRN \_\_\_\_\_

Donor relationship to recipient \_\_\_\_\_

\_\_\_ **Final Crossmatch, Living Donor:**

\_\_\_ Recipient: **HLA Final Renal and/or Pancreas Crossmatch Recipient**

\_\_\_ Donor: **HLA Crossmatch Living Donor**

\_\_\_ **Intermediate Crossmatch, Living Donor:** (recipient 2 red, 2 ACD)

\_\_\_ Recipient: **HLA Intermediate Renal and/or Pancreas Crossmatch Recipient**

\_\_\_ Donor: **HLA Crossmatch Living Donor** (2 red, 3 ACD)

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SEND TO METHODIST HLA LAB VIA IU SPECIMEN RECEIVING. TUBE TO 260**