

## HISTOCOMPATIBILITY TESTING REQUISITION

30 North 1900 East, SOM, Rm AR121  
Salt Lake City, UT 84132-1904

CLIA# 46D0679773

Phone (801) 581-3116 / Fax (801) 585-3670

Visit us on the web: <http://uuhsc.utah.edu/hlalab/index.html>

### Requester Information (complete in full):

Today's Date:	Your Name:	Your Location: (i.e. dept. name)
Your Phone#:	Send results to: (fax or e-mail)	SAMPLE DATE: (must match date on sample tube(s))

**Patient Demographics (complete in full):** Federal regulations (CLIA '88) require this entire section to be completed in full. All clinical blood specimens (tubes, containers) must be labeled with the full name of the individual, sample date, and phlebotomist's initials. If labeling is incomplete, the lab must delay or refuse testing. We accept samples 7:00am Monday through 11:00am Friday.

Person Tested: (last, first, middle initial)	MRN:	SSN:
DOB:	Sex:	Race:
Hospital: (invoiced)		Physician:
Recipient Diagnosis/Disease: (written descrip. or ICD-9)	Recipient Name: (if person tested is donor)	Recip. Identifier:
Relation to Recipient:		
Transplant Type (mark appropriate):	<input type="checkbox"/> autoBMT	<input type="checkbox"/> alloBMT
<input type="checkbox"/> Heart	<input type="checkbox"/> Liver	<input type="checkbox"/> Lung
	<input type="checkbox"/> Kidney	<input type="checkbox"/> Pancreas
	<input type="checkbox"/> Other: _____	

### Testing Requirements (All tests require a physician's order): **DO NOT REFRIGERATE ANY SAMPLE**

HLA TYPING	Specimen Requirements (call lab for pediatric draw volumes)
Solid organ transplant- recipient OR donor (includes virtual crossmatch)	2x 5cc purple top (EDTA)
Hematopoietic stem cell ALLO RECIPIENT ♦	2x 5cc purple top (EDTA)
Hematopoietic stem cell AUTO RECIPIENT OR Platelet refractory patient OR Platelet donor	2x 5cc purple top (EDTA)
Hematopoietic stem cell RELATED DONOR ♦	2x 5cc purple top (EDTA)
Hematopoietic stem cell UNRELATED DONOR ♦	2x 5cc purple top (EDTA)
Confirmatory HLA typing	2x 5cc purple top (EDTA)
Disease association- Specify Locus OR Antigen/s: _____	2x 5cc purple top (EDTA)
Standard HLA Antibody Identification ♦	1x 7cc red top
STAT HLA Antibody Identification. Reason? _____	1x 7cc red top
Post-Transplant Antibody Monitoring (DSA) (mark appropriate) Routine <input type="checkbox"/> STAT <input type="checkbox"/> Store only <input type="checkbox"/>	1x 7cc red top

CROSSMATCHING	Specimen Requirements (call lab for pediatric draw volumes)
Preliminary Lymphocyte Crossmatch	3x10cc whole blood in yellow top (ACD) tube
Final Lymphocyte Crossmatch RECIPIENT - OR date _____	7cc whole blood in red top tube from recipient
Final Lymphocyte Crossmatch DONOR - OR date _____	3x10cc whole blood in yellow top (ACD) tubes

MISCELLANEOUS	Specimen Requirements (call lab for pediatric draw volumes)
Special Studies (please specify): _____	Contact lab for specimen requirements (801.581.3116)

♦ Client should be advised that based upon initial results, additional testing may be necessary along with additional charges.

**STAT samples received by 11am will be reported the same day**