

## Form: HLS Philadelphia-Histocompatibility Testing Requisition

Histocompatibility Laboratory Services (HLS) 700 Spring Garden Street Philadelphia, PA 19123-3594	<b>Laboratory Hours: Monday-Friday</b> <b>8:00 am to 5:00 pm (ET)</b> <b>(215) 451-4131</b>	Reference #: _____ (HLS use only) CLIA #: 39D0194473 ASHI #: 02-2-PA-16-1
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**Scheduling:** Advanced scheduling is preferred. The sample should arrive at the laboratory within the hours from collection indicated below. If this is not possible, call the laboratory for special instructions. **Sample Type:** ACD, EDTA, buccal swab (Qty 4) or previously extracted DNA are acceptable unless otherwise indicated below.  
\*Red Top-No additive, clot activator or gel separator tubes

Complete Requested Information		Select	Desired Testing	Sample Type
Specimen Collection Date (MM/DD/YYYY):		<b>Antibody Tests</b>		
Physician:		<i>(The sample should arrive at the laboratory within <u>48</u> hours of collection <b>unless specified in the test description.</b>)</i>		
Institution:			HLA 025 HLA Antibody Screen for Transfusion, Class I	Red Top*
Telephone Number:			HLA 301 HLA Antibody Screen for Transplantation, Class I & II	Red Top*
<input type="checkbox"/> Patient <input type="checkbox"/> Donor (Select One)			HLA 311 HLA Antibody Identification, Class I, IgG (reflex from positive screening)	Red Top*
Last Name:			HLA 321 HLA Antibody Identification, Class II, IgG (reflex from positive screening)	Red Top*
First Name:				
Date of Birth (MM/DD/YYYY):			HLA 465 Flow Crossmatch - T and B Cells <i>(The sample should arrive at the laboratory within <u>24</u> hours of collection.)</i>	Red Top* and ACD
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (Select One)		<b>Molecular Typing Tests</b>		
Identification (ID) Number:			HLA 072 HLA-A and B Typing for Platelet Transfusion	
Clinical Diagnosis:			HLA 352 Low Resolution HLA - A, B & C Typing	
White Blood Cell Count:			HLA 361 High Resolution HLA - A, B & C Typing	
% Lymphocyte:			HLA 353 Low Resolution HLA - DRB1, DQB1 Typing	
Previous Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No (Select One)			HLA 366 High Resolution Molecular Typing - HLA - DRB1, DQB1	
If yes, date of transplant:			HLA 356 Low Resolution HLA - A, B & DRB1 CT Typing	
Donor Name or ID Number:			HLA 364 High Resolution Molecular Typing - HLA - A, B, C, DRB1 and DQB1	
Relationship:			HLA 348 High Resolution Molecular Typing - HLA - DPB1	
Previous Transfusion? <input type="checkbox"/> Yes <input type="checkbox"/> No (Select One)			HLA 478 KIR Typing, Low Resolution	
If yes, date of transfusion:			HLA 378 Transplant Workup - High Resolution 11 Loci	
Form Completed by (Print Name):		<b>Engraftment Monitoring by STR Analysis</b>		
Date (MM/DD/YYYY):		<i>(The sample should arrive at the laboratory within <u>72</u> hours of collection.)</i>		
<b>Send Results and Bill to</b>			HLA 451 Pre-Transplant Recipient Sample	ACD or EDTA
Name:			HLA 452 1st Donor Pre-Transplant Sample	ACD or EDTA
Address:			HLA 453 2nd/3rd Donor Pre-Transplant Sample	ACD or EDTA
Fax Number or Email:			HLA 454 Post-Transplant Recipient - Mixed Lymphoid Cells, Blood	ACD
			HLA 455 Post-Transplant Recipient - T Cells	ACD
			HLA 456 Post-Transplant Recipient - B Cells	ACD
			HLA 457 Post-Transplant Recipient - Neutrophils / Myeloid Cells	ACD
			HLA 459 Post-Transplant Recipient - NK Cells	ACD
		<b>Additional Tests</b> <i>(Call the laboratory at (215) 451-4131 for tests needed for disease association, drug hypersensitivity and single locus testing options.)</i>		
<b>Date Received:</b> (HLS use only)			HLA 755 <b>STAT Testing</b>	N/A
<b>By Staff</b> (Initials):				