



**Vitalant**  
**HLA Laboratory**  
 124 W. Thomas Rd. Suite #210 / Phoenix, AZ 85013  
 CLIA License #03D1106263  
 Phone: 623-487-6400 Fax: 602-279-8240

## HLA Requisition Form

Invoice # \_\_\_\_\_

Date Of Request \_\_\_\_\_ Draw Date \_\_\_\_\_ Vitalant Center \_\_\_\_\_ Client No. \_\_\_\_\_

**Report to:**  Physician  Laboratory  Vitalant Center  All Contact Person \_\_\_\_\_

Referring Physician \_\_\_\_\_ **Bill to:**  Physician  Laboratory  Vitalant Center  Other

Facility Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

<b>Specimen Requirements:</b>	<b>DNA Testing</b> 2x10 mL ACD (Yellow top) or EDTA	<b>Antibody Screen/ID</b> 2x10 mL red top (patient) or EDTA	<b>Auto Crossmatch</b> 2x10 mL red top (patient) 4x10 mL ACD (patient)	<b>Allo Crossmatch</b> 2x10 mL red top (patient) 4x10 mL ACD (donor)
<b>Samples Information:</b>	Collection Date/Time _____ <input type="checkbox"/> Blood <input type="checkbox"/> Buccal Swab <input type="checkbox"/> Other _____			

Item #	Quantity	Test Description	Item #	Quantity	Test Description			
<b>Molecular Typing</b>			<b>Antibody Identification</b>					
HL500	<input type="checkbox"/>	HLA (A, B, C, DR, DQ) HR Patient/Donor Typing	HL100	<input type="checkbox"/>	HLA Antibody Screen			
HL420	<input type="checkbox"/>	HLA (A,B,C,DR) IR		<input type="checkbox"/>	Class I ID if Positive <input type="checkbox"/> Class II ID if Positive			
HL425	<input type="checkbox"/>	HLA (A, B, DR) IR	HL115	<input type="checkbox"/>	HLA ABY Identification Class I			
HL400	<input type="checkbox"/>	HLA (A, B, C) IR (Intermed Res)	HL120	<input type="checkbox"/>	HLA ABY Identification Class II			
HL545	<input type="checkbox"/>	HLA (A, B, C) HR (High Res)	HL125	<input type="checkbox"/>	HLA Antibody Dilution Study Class I			
HL415	<input type="checkbox"/>	HLA (DR, DQ) LR (Low Res)	HL130	<input type="checkbox"/>	HLA Antibody Dilution Study Class II			
HL550	<input type="checkbox"/>	HLA (DR, DQ) HR with DRB3/4/5	HL195	<input type="checkbox"/>	Other Antibody Tests			
HL510	<input type="checkbox"/>	HLA-A HR	<b>Crossmatch</b>					
HL515	<input type="checkbox"/>	HLA-B HR	HL200	<input type="checkbox"/>	HLA Flow Crossmatch			
HL520	<input type="checkbox"/>	HLA-C HR	HL205	<input type="checkbox"/>	HLA Flow Crossmatch with Titration			
HL525	<input type="checkbox"/>	HLA-DRB1 HR	<b>Misc Testing</b>					
HL530	<input type="checkbox"/>	HLA-DRB3/4/5 HR	HL310	<input type="checkbox"/>	HLA Matched Platelet Donor Search			
HL535	<input type="checkbox"/>	HLA-DQB1 HR	HL600	<input type="checkbox"/>	Chimerism Studies (Initial Workup)			
HL555	<input type="checkbox"/>	HLA-DPA1 HR	HL610	<input type="checkbox"/>	Chimerism Studies (Followup Testing)			
HL540	<input type="checkbox"/>	HLA-DPB1 HR	HL700	<input type="checkbox"/>	Buccal Swab Isolation			
HL560	<input type="checkbox"/>	HLA-DQA1 HR	HL705	<input type="checkbox"/>	DNA Isolation			
HL455	<input type="checkbox"/>	HLA One Locus IR (Class I) _____	HL495	<input type="checkbox"/>	Other IR Typing Tests _____			
HL460	<input type="checkbox"/>	HLA One Locus IR (Class II) _____	HL595	<input type="checkbox"/>	Other HR Typing Tests			
HL300	<input type="checkbox"/>	Patient HLA (A,B) IR, for Platelets	<b>Testing Priority</b>					
HL305	<input type="checkbox"/>	Donor Testing HLA (A, B) for Apheresis	<input type="checkbox"/>	Routine	<input type="checkbox"/>	HL900 ASAP	<input type="checkbox"/>	HL905 STAT

**Patient Information (Recipient)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Med. Record or SS # \_\_\_\_\_ NMDP Recipient ID \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex:  F  M Blood Group:  A  B  AB  O

Pregnancies:  No  Yes Qty \_\_\_\_\_ Transfusions:  No  Yes Type \_\_\_\_\_ Qty \_\_\_\_\_ Dates \_\_\_\_\_

Disease \_\_\_\_\_ Transplant Type:  Heart  Lung  Kidney  Bone Marrow

**For HLA Lab use only**

**Donor Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Med. Record or SS # \_\_\_\_\_ NMDP Donor ID \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex:  F  M Blood Group:  A  B  AB  O

Relationship \_\_\_\_\_

**For HLA Lab use only**

<b>FOR LABORATORY USE ONLY</b>	Report sent: (F = Fax, V = Verbal, W = Written, E = Email)	<b>Invoice Date</b>
<input type="checkbox"/> F <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> E	To _____ Date _____ Tech _____	
<input type="checkbox"/> F <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> E	To _____ Date _____ Tech _____	
<input type="checkbox"/> F <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> E	To _____ Date _____ Tech _____	
Comments _____		