



**Vitalant**  
**HLA & Immunogenetics Laboratory**  
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## HLAI 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 #	VD	Quantity	Test Description	Item #	VD	Quantity	Test Description
<b>Molecular Typing</b>				<b>Antibody Identification</b>			
L01052			<input type="checkbox"/> HLA (A, B, C, DR, DQ) HR Patient/Donor Typing	L01014			<input type="checkbox"/> HLA Antibody Screen
L02040			<input type="checkbox"/> HLA (A,B,C,DR,DQ) IR				<input type="checkbox"/> Class I ID if Positive <input type="checkbox"/> Class II ID if Positive
L01097			<input type="checkbox"/> HLA (A, B, DR) IR	L01015			<input type="checkbox"/> HLA ABY Identification Class I
L01092			<input type="checkbox"/> HLA (A, B, C) Supplemental HR	L01016			<input type="checkbox"/> HLA ABY Identification Class II
L01093			<input type="checkbox"/> HLA, (DR, DQ) Supplemental HR	L01201			<input type="checkbox"/> HLA Antibody Dilution Study Class I
L01011			<input type="checkbox"/> HLA (A, B, C) IR (Intermed Res)	L01202			<input type="checkbox"/> HLA Antibody Dilution Study Class II
L01013			<input type="checkbox"/> HLA (A, B, C) HR (High Res)	<b>Crossmatch</b>			
L01020			<input type="checkbox"/> HLA (DR, DQ) LR (Low Res)	L01048			<input type="checkbox"/> HLA Flow Crossmatch
L01021			<input type="checkbox"/> HLA (DR, DQ) HR	L01049			<input type="checkbox"/> HLA Flow Crossmatch with Titration
L01017			<input type="checkbox"/> HLA-A HR	<b>Misc Testing</b>			
L01022			<input type="checkbox"/> HLA-B HR	L01060			<input type="checkbox"/> HLA Matched Platelet Donor Search
L01023			<input type="checkbox"/> HLA-C HR	L02043			<input type="checkbox"/> Chimerism Studies (Initial Workup)
L01026			<input type="checkbox"/> HLA-DRB1 HR	L02044			<input type="checkbox"/> Chimerism Studies (Followup Testing)
L01025			<input type="checkbox"/> HLA-DRB3/4/5 HR	L02700			<input type="checkbox"/> Buccal Swab Isolation (For High Res Testing)
L01024			<input type="checkbox"/> HLA-DQB1 HR	L02800			<input type="checkbox"/> Buccal Swab Isolation (For Low Res Testing)
L01032			<input type="checkbox"/> HLA-DPA1 HR	L01080			<input type="checkbox"/> Other Tests
L01040			<input type="checkbox"/> HLA-DPB1 HR	<b>Testing Priority</b>			
L01041			<input type="checkbox"/> HLA-DQA1 HR	<input type="checkbox"/> Routine	<input type="checkbox"/> L02298 ASAP	<input type="checkbox"/> L02299 STAT	<input type="checkbox"/> L02075 STAT Fee
L01051			<input type="checkbox"/> HLA One Locus IR (e.g., B27 or DQ2) _____	(For Platelet Refractory Panel)			
L01010			<input type="checkbox"/> Patient HLA (A,B) IR, for Platelets				
L02052			<input type="checkbox"/> Donor Testing HLA (A, B) for Apheresis				

**Patient Information (Recipient)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ **For HLA Lab use only**

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

**Donor Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ **For HLA Lab use only**

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

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

Relationship \_\_\_\_\_

<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 _____		