

TRANSPLANT LABORATORY REQUISITION

- Routine A.S.A.P. STAT
 IP OP Referred-In

Ordering Physician: _____

Collected By: _____

Date (YYYY/MM/DD) Collected: _____

Time Collected: _____

Specimen Type if other than Blood: _____

NAME: _____

PIN: _____

Birthdate: _____ Gender: _____

OHC#: _____

Send report to (if not a LHSC IP or OP): _____

Dialysis Centre: _____

Drug Therapy: Rituximab Thymoglobulin IVIG Other _____

Sensitizing Events: _____

TRANSPLANT RECIPIENT / POTENTIAL RECIPIENT TESTING:

- HLA Antibody Screen (Monthly Serum)
- HLA Donor Specific Antibody (DSA)
- HLA Antibody Screen (Immunosuppression weaning)
- HLA PreScreen – Renal
- HLA Assessment - Renal Recipient
- HLA Assessment - Non-Renal i.e. Heart Recipient
- HLA Assessment - Liver Recipient
- HLA BM/SC Histocompatibility - Recipient (Bone Marrow/Stem Cell recipient-initial HLA Typing)
- HLA Confirmatory Typing-Recipient (Confirmatory HLA typing for a Bone Marrow/Stem Cell Recipient)

TRANSPLANT DONOR / POTENTIAL DONOR TESTING:

- HLA Workup Deceased Donor (Deceased Donor Crossmatch and HLA Typing)
- HLA Workup Living Donor Initial (Initial Kidney Living Donor Crossmatch and HLA Typing)
Indicate the Recipient ID (MRN#): _____
- HLA Workup Living Donor Additional/Final (Additional Kidney Living Donor Crossmatch)
Indicate the Recipient ID (MRN#): _____
- HLA Workup Living Donor - Pre-op (Freeze Blood from the Living Kidney Donor)
Indicate the Recipient ID (MRN#): _____
- HLA BM/SC Histocompatibility-Donor (Bone Marrow/Stem Cell Donor-Initial HLA Typing)
Indicate the Recipient ID (MRN #) and relationship to recipient: _____
- HLA Confirmatory Typing - Donor (Confirmatory HLA typing for a Bone Marrow/Stem Cell Donor)

OTHER TESTS:

HLA Disease Association/Pharmacogenomics

- HLA A29 Uveitis
- HLA DQB1*06:02 Narcolepsy
- HLA B*15:02 CBZ Hypersensitivity (Asians)
- HLA B*58:01 Allopurinol Hypersensitivity
- HLA B27 Ankylosing Spondylitis
- HLA Disease Association Other:
Indicate Antigen of interest: _____ and Disease of Interest: _____
- HLA Transfusion Typing (Recipient HLA typing in preparation for receiving HLA matched platelets)
- HLA Transfusion Refractory (Recipient antibody ID in preparation for receiving HLA matched platelets)
- HLA Typing (ABCD)

Indicate purpose of test: _____

Please refer to the Laboratory Test Guide for sample requirements (http://www.lhsc.on.ca/cgibin/view_labtest.pl)