Transplant Immunology and Histocompatibility Laboratory
Clinical Laboratory Services - BioCenter
CLIA # 45D0861764 - **CAP** # 2664213 – **ASHI** # 03-5-TX-01-2
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Patient Information

Form-0703 Revision 9, Effective Date 11/01/2018

Last Name:	**Patient Sample Information:**
First Name:	Collection Date: _____/_____/_____ Time: _____ AM / PM
MRN:	Requesting Physician:
SSN:	NPI: Ph./Pager:
DOB: _____/_____/_____ Gender: ☐ M ☐ F	Ethnicity: ☐ Hispanic ☐ Caucasian ☐ African American ☐ Asian ☐ Other (specify): _____

Hospital:

- ☐ Clements University Hospital
- ☐ Children's Medical Center
- ☐ Parkland Memorial Hospital
- ☐ Memorial Hermann Hospital
- ☐ Veterans Administration Hospital
- ☐ Baylor College of Medicine
- ☐ Other:_____

Transplant Type:

- ☐ Bone Marrow
- ☐ Heart
- ☐ Kidney
- ☐ Liver
- ☐ Lung
- ☐ Other:_____
- ☐ Non-transplant

Transplant Status:

- ☐ Pre-Transplant
- ☐ Post-Transplant

Sample Storage:

All clots (red top) should be refrigerated.

All ACD-Solution A (yellow top) should be kept at room temperature.

NOTE:
For Donor Samples, please fill out Donor Requisition with donor info (UNOS ID or NMDP, etc…) and donor sample info.

Donor Information:

Donor UNOS ID (solid organ XM only):_____

Donor NMDP ID (BM only): _____

Donor Name (living donor XM): _____

Send Report To: _____

Address: _____

City: _____ State: _____Zip: _____

Phone: _____Fax:_____

Email: _____

***** DNA and/or Serum inventory should be ordered with all HLA services.**

Solid Organ Transplantation (please complete patient medical history section on reverse side)

Test	Test Description	Min. Specimen Requirements
☐	**New Patient Evaluation** (Molecular HLA Typing , HLA Class I and II Single Antigen, Serum & DNA inventory)	5 mL clot (red) + 2x10 mL ACD-A (yellow)
☐	**Serum Inventory**	5 mL clot (red)
☐	**HLA Class I and II Single Antigen (Luminex)**	5 mL clot (red)
☐	**Final or Retrospective Crossmatch -** (T and/or B cell flow cytometry XM)	10 mL clot (red) + 5x10 mL ACD-A (yellow)
☐	**Preliminary or Prospective Crossmatch** ☐ Use historical sample (T and B cell flow cytometry XM)	10 mL clot (red) / none if historical sample is available in lab
☐	**Autologous Crossmatch** (T and/or B cell flow cytometry XM)	10 mL clot (red) + 5x10 mL ACD-A (yellow)
☐	**DNA Inventory**	2x10 mL ACD-A (yellow)
☐	**Molecular HLA Full Typing – Low/Intermediate resolution (HLA-A, -B, -C, -DRB1/3/4/5, -DQ)**	2x10 mL ACD-A (yellow)
☐	**Molecular HLA Typing- Single Locus** ☐ **HLA-DPB1** ☐ **HLA-DQA**	2x10 mL ACD-A (yellow)
☐	**Other:** ☐ **AT1R** ☐ **C1Q**	10 mL clot

For office use only - Rec'd Date & Time	Tech Initials	# ACD	# Clot	Other	Comment

Platelet Transfusion

Test	Test Description	Min. Specimen Requirements
☐	**HLA Typing Class I – Platelet transfusion patient (Class I only, HLA-A, -B, -C)**	2x10 mL ACD-A (yellow)
☐	**HLA Class I Single Antigen Testing by Luminex - Platelet transfusion patient**	5 mL clot (red)
☐	**Inventory** ☐ **DNA Inventory** ☐ **Serum inventory**	

Bone Marrow (Complete patient medical history section below).

Test	Test Description	Min. Specimen Requirements
☐	**New Patient Evaluation** (Molecular HLA Typing , DNA and serum inventory)	5 mL clot (red) + 2x10 mL ACD-A (yellow)
☐	**HLA Class I and II PRA (Luminex) –** will reflex to Single Antigen if patient has HLA antibodies	5 mL clot (red)
☐	**HLA Class I and II Single Antigen (Luminex)**	5 mL clot (red)
☐	**Molecular HLA Typing – Low/Intermediate resolution (HLA-A, -B, -C, -DRB1/3/4/5, -DQ)**	2x10 mL ACD-A (yellow)
☐	**Molecular HLA Typing – High resolution (HLA-A, -B, -C, -DRB1, -DQ)** ☐ **HLA-DPB1**	2x10 mL ACD-A (yellow)
☐	**Confirmatory Typing**	2x10 mL ACD-A (yellow)
☐	**Crossmatch for Bone Marrow Transplantation (sensitized recipient) -** T and/or B cell Flow Cytometry	**Donor:** 4 x10 mL ACD-A + 10mL clot **Patient:** 10 mL clot
☐	**Inventory** ☐ **DNA Inventory** ☐ **Serum inventory**	

Disease Association

Test	Test Description	Min. Specimen Requirements
☐	**HLA-A*2901/2902 for birdshot retinopathy**	10 mL ACD-A (yellow)
☐	**HLA-B*27 for ankylosing spondylitis**	10 mL ACD-A (yellow)
☐	**HLA-B*51 for Behcet's disease**	10 mL ACD-A (yellow)
☐	**HLA-B*5701 for abacavir sensitivity**	10 mL ACD-A (yellow)
☐	**HLA-B*5801 for allopurinol induced Stevens-Johnson syndrome risk**	10 mL ACD-A (yellow)
☐	**HLA-DQA*05/DQB1*02, DQA*03/DQB1*0302 for Celiac disease risk**	10 mL ACD-A (yellow)
☐	**HLA-DQB1*0602 for narcolepsy**	10 mL ACD-A (yellow)
☐	**HLA-DRB1*1501/1502 for anti-glomerular basement membrane disease**	10 mL ACD-A (yellow)
☐	**DNA inventory**	

HLA Typing-customized

Test	Test Description	Min. Specimen Requirements
☐	**Molecular Typing-Single Locus (specify) Locus:**_____ **Resolution**_____	10 mL ACD-A (yellow)
☐	**DNA inventory**	

Patient Medical Information (to be completed for all new patients or when change in status)

Does the patient have an autoimmune disease (ie: Lupus): ☐ Yes ☐ No If yes, specify: _____

Medical Diagnosis (specify):

Previous Transplant: ☐ Yes ☐ No Organ:_____ Donor UNOS ID: _____ Txp date: _____/_____/_____

Did the patient receive blood products (ever)? ☐ Yes ☐ No ☐ Unknown Date last received: _____/_____/_____

Did the patient have pregnancies/miscarriages? ☐ Yes ☐ No ☐ Unknown # of Pregnancies/Miscarriages: _____

Did the patient receive any antibody based therapy (ie: ATG, IvIg, Rituximab, Basiliximab, etc.)? ☐ Yes ☐ No

Specify: _____ Date last received: _____/_____/_____

CROSSMATCH AND STAT SAMPLES: For all samples collected from 5 pm to 8 am M-F or on weekends/holidays please page **214-822-7374** to arrange for testing.