



**University of California, San Francisco  
Immunogenetics & Transplantation Laboratory**

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CLIA: 05D0720389 CA: CLF3207 ASHI: 02-6-CA-14-1 HCFA: 05-HL-06

**TEST REQUISITION**

\*Required Fields

PATIENT/DONOR INFORMATION			REQUESTING PHYSICIAN/COORDINATOR		
[ Medical Record Label ]		<input type="checkbox"/> Recipient <input type="checkbox"/> Donor (Separate requisitions required) DIAGNOSIS: _____	*PHYSICIAN'S NAME (LAST, FIRST, INITIAL): _____		
			*PHYSICIAN'S SIGNATURE: _____	PHYSICIAN'S ID: _____	
*NAME (LAST, FIRST, MIDDLE): _____		*DATE OF BIRTH: _____	ICD-9 CODE: _____	*COORDINATOR (LAST, FIRST, INITIAL): _____	
*MRN #: _____		*STATUS: <input type="checkbox"/> Pre-transplant <input type="checkbox"/> Post-transplant		*SEND RESULTS TO (NAME AND FAX #, EMAIL, OR BOX #): _____	
ETHNICITY: _____		<input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT <input type="checkbox"/> STAT (Surcharge Applies)		<b>BILLING INFORMATION</b>	
BLOOD GROUP: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB		SEX: <input type="checkbox"/> M <input type="checkbox"/> F		SEND BILL TO (PHYSICIAN/CLIENT NAME AND ADDRESS): _____	
DRUG THERAPY: <input type="checkbox"/> Rituximab <input type="checkbox"/> Thymoglobulin <input type="checkbox"/> IVIG <input type="checkbox"/> Other: _____		*TRANSPLANT TYPE: <input type="checkbox"/> Kidney <input type="checkbox"/> Pancreas/Islet <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Other: _____			

SPECIMEN REQUIREMENTS (DO NOT REFRIGERATE BLOOD)		
<b>SPECIAL INSTRUCTIONS:</b>	HLA Typing: 10 mL ACD (yellow top), buccal swabs or EDTA Antibody Screen: 10 mL red top Allo Crossmatch: 10 mL red top (patient) and 6x10 mL ACD (donor) Auto Crossmatch: 10 mL red top (patient) and 6x10 mL ACD (patient) Chimerism Testing: 10 mL ACD (2x10 mL ACD for post-transplant chimerism testing w/ cell subsets)	<b>SEND SPECIMENS TO:</b> UCSF Immunogenetics & Transplantation Lab 3333 California Street, Suite 150 San Francisco, CA 94118 Tel: (415) 476-3886 Fax: (415) 476-0379

SPECIMEN INFORMATION		
<b>*COLLECTION DATE/TIME:</b>	*SPECIMEN TYPE: <input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Umbilical Cord Blood <input type="checkbox"/> DNA <input type="checkbox"/> Cultured Cells <input type="checkbox"/> Buccal Mucosa <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> Lymph Node <input type="checkbox"/> Spleen <input type="checkbox"/> Other: _____	<b>IF ENCLOSED SAMPLE IS FROM A DONOR:</b> *RECIPIENT'S NAME: _____ *RECIPIENT'S DOB/MRN #: _____ *RELATIONSHIP OF DONOR TO RECIPIENT: _____
BY: _____		
Chimerism requests: Complete a separate requisition for each specimen type.		

**UCSF PROTOCOLS**

<input type="checkbox"/> Kidney Deceased Donor Initial Evaluation Orders	<input type="checkbox"/> Lung Initial Evaluation Orders	<input type="checkbox"/> Heart Bi-Monthly Evaluation Orders
<input type="checkbox"/> Kidney Deceased Donor Testing Protocol (Waitlist Phase)	<input type="checkbox"/> Lung Monthly Evaluation Orders	<input type="checkbox"/> Heart Post-Transplant HLA Antibody Orders
<input type="checkbox"/> Kidney Living Donor Initial Evaluation Orders	<input type="checkbox"/> Lung Quarterly Evaluation Orders	<input type="checkbox"/> HLA Comprehensive High Resolution Typing Order
<input type="checkbox"/> Kidney Living Donor Final Evaluation Orders	<input type="checkbox"/> Lung Post-Tx HLA Antibody Orders	<input type="checkbox"/> HLA Intermediate Low Resolution Typing Orders
<input type="checkbox"/> Kidney Post-Tx HLA Antibody Orders	<input type="checkbox"/> Heart Initial Evaluation Orders	<input type="checkbox"/> Chimerism Testing Orders
<input type="checkbox"/> Kidney Post-Tx HLA Antibody Orders - Pediatrics	<input type="checkbox"/> Heart Monthly Evaluation Orders	<input type="checkbox"/> Platelet Refractory Testing Orders

HLA TYPING			CROSSMATCH (XM) <input type="checkbox"/> AUTO <input type="checkbox"/> ALLO <input type="checkbox"/> Serum Date: _____		
<input type="checkbox"/> LAB5701 HTSSP HLA Class I Typing-Intermediate Resolution	<input type="checkbox"/> LAB5740 HTTBXFR T & B-Cell XM by Flow Cytometry		<input type="checkbox"/> DONOR'S NAME: _____	<input type="checkbox"/> MRN: _____	
<input type="checkbox"/> LAB5702 HTEXG HLA Class II Typing-Intermediate Resolution	<input type="checkbox"/> LAB5743 HTTBXFRP T & B-Cell XM-Pronase Treatment		<input type="checkbox"/> PRONASE	<input type="checkbox"/> ABO INCOMPATIBLE CROSSMATCH (XM)	
<input type="checkbox"/> LAB5721 HTALD HLA-A Intermediate Resolution	<b>CHIMERISM TESTING / STR</b>				
<input type="checkbox"/> LAB5724 HTBLD HLA-B Intermediate Resolution	<input type="checkbox"/> LAB5711 HTNH1	Informatives (recipient & donor)			
<input type="checkbox"/> LAB5729 HTCLD HLA-C Intermediate Resolution	<input type="checkbox"/> LAB5712 HTNH2	Whole Blood / Bone Marrow			
<input type="checkbox"/> LAB5720 HTSEA HLA-A High Resolution	<input type="checkbox"/> LAB5705 HTNH3	CD3 Cell Subset			
<input type="checkbox"/> LAB5723 HTSEB HLA-B High Resolution	<input type="checkbox"/> LAB5703 HTNH14	CD14/15 Cell Subset			
<input type="checkbox"/> LAB5728 HTSEC HLA-C High Resolution	<input type="checkbox"/> LAB5704 HTNH19	CD19 Cell Subset			
<input type="checkbox"/> LAB5735 HTSED HLA-DRB1 High Resolution	<input type="checkbox"/> LAB5706 HTNH33	CD33 Cell Subset			
<input type="checkbox"/> LAB5793 HTDRB345 HLA-DRB3/4/5 High Resolution	<input type="checkbox"/> LAB5707 HTNH34	CD34 Cell Subset			
<input type="checkbox"/> LAB5732 HTDQA HLA-DQA1 High Resolution	<input type="checkbox"/> LAB5708 HTNH56	CD56 Cell Subset			
<input type="checkbox"/> LAB5733 HTDQB HLA-DQB1 High Resolution	<input type="checkbox"/> LAB5709 HTNH71	CD71 Cell Subset			
<input type="checkbox"/> LAB5730 HTDPA HLA-DPA1 High Resolution	<input type="checkbox"/> LAB5710 HTNHGR	Granulocyte Cells Subset			
<input type="checkbox"/> LAB5731 HTDPB HLA-DPB1 High Resolution					

HLA TYPING OTHER			HLA ANTIBODY TESTING		
<input type="checkbox"/> LAB5786 HTA2 HLA-A2 Typing	<input type="checkbox"/> LAB5719 HTPRA1	Class I PRA			
<input type="checkbox"/> LAB5788 HTA68 HLA-A68 Typing	<input type="checkbox"/> LAB5718 HTPRA2	Class II PRA			
<input type="checkbox"/> LAB5727 HTB27 HLA-B27 Typing	<input type="checkbox"/> LAB5716 HTLS1	Class I Single Antigen			
<input type="checkbox"/> LAB5789 HTB51 HLA-B51 Typing	<input type="checkbox"/> LAB5717 HTLS2	Class II Single Antigen			
<input type="checkbox"/> LAB5725 HT1502 HLA-B*15:02 Typing	<b>OTHER</b>				
<input type="checkbox"/> LAB5726 HT5701 HLA-B*57:01 Typing	<input type="checkbox"/> LAB5738 HTKIR	KIR Genotype Low Resolution			
<input type="checkbox"/> LAB5787 HT5801 HLA-B*58:01 Typing	<input type="checkbox"/> LAB5377 HTSPS	Serum Preparation & Storage			
<input type="checkbox"/> LAB5791 HTCELIAC HLA Celiac	<input type="checkbox"/> LAB5714 HTCPP	DNA Preparation & Storage			
<input type="checkbox"/>	Other: _____				