University of California, San Francisco
Immunogenetics & Transplantation Laboratory
Rajalingam Raja, Ph.D., D (ACHI), Director
CLIA: 05D0720389   CA: CLF3207   ASHI: 02-6-CA-14-1   HCFA: 05-HL-06

TEST REQUISITION
*Required Fields

PATIENT/DONOR INFORMATION

[Medical Record Label]

☐ Recipient
☐ Donor
(Separate requisitions required)

*NAME (LAST, FIRST, MIDDLE): | *DATE OF BIRTH: | ICD-9 CODE:

*MRN #: | ETHNICITY: | *STATUS: ☐ Pre-transplant ☐ Post-transplant

BLOOD GROUP: ☐ A ☐ B ☐ O ☐ AB | SEX: ☐ M ☐ F | DONOR ID / DATE(S) OF PRIOR TRANSPLANT:

DRUG THERAPY: ☐ Rituximab ☐ Thymoglobulin ☐ IVIG ☐ Other: _____

*TRANSPLANT TYPE: ☐ Kidney ☐ Pancreas/Islet ☐ Heart ☐ Lung ☐ Liver ☐ Bone Marrow ☐ Other: _____

REQUESTING PHYSICIAN/COORDINATOR

*PHYSICIAN'S NAME (LAST, FIRST, INITIAL):

*PHYSICIAN'S SIGNATURE: | PHYSICIAN'S ID:

DIAGNOSIS: | *COORDINATOR (LAST, FIRST, INITIAL): | COORDINATOR'S PHONE #:

*SEND RESULTS TO (NAME AND FAX #, EMAIL, OR BOX #):

☐ ROUTINE ☐ URGENT ☐ STAT (Surcharge Applies)

BILLING INFORMATION
SEND BILL TO (PHYSICIAN/CLIENT NAME AND ADDRESS):

SPECIMEN REQUIREMENTS (DO NOT REFRIGERATE BLOOD)

SPECIAL INSTRUCTIONS:

HLA Typing: 8 mL ACD (yellow top), buccal swabs, or EDTA

Antibody Screening: 8 mL red top

Allo Crossmatch: 8 mL red top (patient) and 4x8 mL ACD (donor)

Chimerism Testing: 8 mL ACD (2x8 mL ACD for post-transplant chimerism testing with cell subsets)

SEND SPECIMENS TO:
UCSF Immunogenetics & Transplantation Lab
1100 Van Ness Avenue, Suite 800
San Francisco, CA 94109
Tel: (415) 476-3886 Fax: (415) 476-0379

SPECIMEN INFORMATION

*COLLECTION DATE/TIME:

*SPECIMEN TYPE:
☐ Peripheral Blood ☐ Bone Marrow ☐ Umbilical Cord Blood ☐ DNA
☐ Cultured Cells ☐ Buccal Mucosa ☐ Amniotic Fluid
☐ Lymph Node ☐ Spleen ☐ Other: _____

BY:

Chimerism requests: Complete a separate requisition for each specimen type.

IF ENCLOSED SAMPLE IS FROM A DONOR:
*RECIPIENT'S NAME:
*RECIPIENT'S DOB/MRN #:
*RELATIONSHIP OF DONOR TO RECIPIENT:

UCSF PROTOCOLS

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

HLA TYPING – LAB4341

☐	LAB5701	HTSSP	HLA Class I Typing-Intermediate Resolution
☐	LAB5702	HTEXG	HLA Class II Typing-Intermediate Resolution
☐	LAB5721	HTALD	HLA-A Intermediate Resolution
☐	LAB5724	HTBLD	HLA-B Intermediate Resolution
☐	LAB5729	HTCLD	HLA-C Intermediate Resolution
☐	LAB5784	HTCOMPHLA	HLA Comprehensive High Resolution Typing
☐	LAB5720	HTSEA	HLA-A High Resolution
☐	LAB5723	HTSEB	HLA-B High Resolution
☐	LAB5728	HTSEC	HLA-C High Resolution
☐	LAB5735	HTSED	HLA-DRB1 High Resolution
☐	LAB5793	HTDRB345	HLA-DRB3/4/5 High Resolution
☐	LAB5732	HTDQA	HLA-DQA1 High Resolution
☐	LAB5733	HTDQB	HLA-DQB1 High Resolution
☐	LAB5730	HTDPA	HLA-DPA1 High Resolution
☐	LAB5731	HTDPB	HLA-DPB1 High Resolution
☐	LAB4379	HTTYP	HLA Class I and II High Resolution Typing

HLA TYPING OTHER – LAB4346

☐	LAB5786	HTA2	HLA-A2 Typing
☐	LAB5788	HTA68	HLA-A68 Typing
☐	LAB5727	HTB27	HLA-B27 Typing
☐	LAB5789	HTB51	HLA-B51 Typing
☐	LAB5725	HT1502	HLA-B*15:02 Typing
☐	LAB5726	HT5701	HLA-B*57:01 Typing
☐	LAB5787	HT5801	HLA-B*58:01 Typing
☐	LAB5791	HTCELIAC	HLA Celiac
☐	Other: _____		

CROSSMATCH – LAB4344

☐ **CROSSMATCH (XM)** ☐ **ALLO** ☐ **Serum Date**: _____
☐ **DONOR'S NAME**: _____ **MRN**: _____

☐	LAB5740	HTTBXFR	T & B-Cell XM by Flow Cytometry
☐	LAB5743	HTTBXFRP	T & B-Cell XM-Pronase Treatment
☐	LAB5765	HTENDOXM	Endothelial Cell Crossmatch
☐	LAB4381	HTDXM	Donor Crossmatch Sample

CHIMERISM TESTING – LAB4343

☐	LAB5711	HTNH1	Informatives (recipient & donor)
☐	LAB5712	HTNH2	Whole Blood / Bone Marrow
☐	LAB5705	HTNH3	CD3 Cell Subset
☐	LAB5703	HTNH14	CD14/15 Cell Subset
☐	LAB5704	HTNH19	CD19 Cell Subset
☐	LAB5706	HTNH33	CD33 Cell Subset
☐	LAB5707	HTNH34	CD34 Cell Subset
☐	LAB5708	HTNH56	CD56 Cell Subset
☐	LAB5709	HTNH56	CD71 Cell Subset
☐	LAB5710	HTNHGR	Granulocyte Cell Subset

HLA ANTIBODY TESTING – LAB4342

☐	LAB5719	HTPRA1	Class I PRA
☐	LAB5718	HTPRA2	Class II PRA
☐	LAB5716	HTLS1	Class I Single Antigen
☐	LAB5717	HTLS2	Class II Single Antigen

OTHER

☐	LAB5738	HTKIR	KIR Genotyping (low resolution)
☐	LAB5377	HTSPS	Serum Preparation & Storage
☐	LAB5714	HTCPP	DNA Preparation & Storage

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