



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]			☐ Recipient ☐ Donor (Separate requisitions required)	*PHYSICIAN'S NAME (LAST, FIRST, INITIAL):		
			DIAGNOSIS:	*PHYSICIAN'S SIGNATURE:	PHYSICIAN'S ID:	
			*COORDINATOR (LAST, FIRST, INITIAL):		COORDINATOR'S PHONE #:	
*NAME (LAST, FIRST, MIDDLE):		*DATE OF BIRTH:	ICD-9 CODE:	*SEND RESULTS TO (NAME AND FAX #, EMAIL, OR BOX #):		
*MRN #:	ETHNICITY:	*STATUS: ☐ Pre-transplant ☐ Post-transplant		☐ ROUTINE ☐ URGENT ☐ STAT (Surcharge Applies)		
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: _____		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	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		
		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)			
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: _____			IF ENCLOSED SAMPLE IS FROM A DONOR:		
BY:	Chimerism requests: Complete a separate requisition for each specimen type.			*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			CROSSMATCH - LAB4344			
☐ LAB5701 HTSSP	HLA Class I Typing-Intermediate Resolution	☐ CROSSMATCH (XM)	☐ ALLO	*Serum Date: _____		
☐ LAB5702 HTEXG	HLA Class II Typing-Intermediate Resolution	☐ DONOR'S NAME: _____		MRN: _____		
☐ LAB5721 HTALD	HLA-A Intermediate Resolution	☐ LAB5740 HTTBXFR	T & B-Cell XM by Flow Cytometry			
☐ LAB5724 HTBLD	HLA-B Intermediate Resolution	☐ LAB5743 HTTBXFRP	T & B-Cell XM-Pronase Treatment			
☐ LAB5729 HTCLD	HLA-C Intermediate Resolution	☐ LAB5765 HTENDOXM	Endothelial Cell Crossmatch			
☐ LAB5784 HTCOMPHLA	HLA Comprehensive High Resolution Typing	☐ LAB4381 HTDXM	Donor Crossmatch Sample			
☐ LAB5720 HTSEA	HLA-A High Resolution	CHIMERISM TESTING - LAB4343				
☐ LAB5723 HTSEB	HLA-B High Resolution	☐ LAB5711 HTNH1	Informatives (recipient & donor)			
☐ LAB5728 HTSEC	HLA-C High Resolution	☐ LAB5712 HTNH2	Whole Blood / Bone Marrow			
☐ LAB5735 HTSED	HLA-DRB1 High Resolution	☐ LAB5705 HTNH3	CD3 Cell Subset			
☐ LAB5793 HTDRB345	HLA-DRB3/4/5 High Resolution	☐ LAB5703 HTNH14	CD14/15 Cell Subset			
☐ LAB5732 HTDQA	HLA-DQA1 High Resolution	☐ LAB5704 HTNH19	CD19 Cell Subset			
☐ LAB5733 HTDQB	HLA-DQB1 High Resolution	☐ LAB5706 HTNH33	CD33 Cell Subset			
☐ LAB5730 HTDPA	HLA-DPA1 High Resolution	☐ LAB5707 HTNH34	CD34 Cell Subset			
☐ LAB5731 HTDPB	HLA-DPB1 High Resolution	☐ LAB5708 HTNH56	CD56 Cell Subset			
☐ LAB4379 HTTYP	HLA Class I and II High Resolution Typing	☐ LAB5709 HTNH56	CD71 Cell Subset			
HLA TYPING OTHER - LAB4346		☐ LAB5710 HTNHGR	Granulocyte Cell Subset			
☐ LAB5786 HTA2	HLA-A2 Typing	HLA ANTIBODY TESTING - LAB4342				
☐ LAB5788 HTA68	HLA-A68 Typing	☐ LAB5719 HTPRA1	Class I PRA			
☐ LAB5727 HTB27	HLA-B27 Typing	☐ LAB5718 HTPRA2	Class II PRA			
☐ LAB5789 HTB51	HLA-B51 Typing	☐ LAB5716 HTLS1	Class I Single Antigen			
☐ LAB5725 HT1502	HLA-B*15:02 Typing	☐ LAB5717 HTLS2	Class II Single Antigen			
☐ LAB5726 HT5701	HLA-B*57:01 Typing	OTHER				
☐ LAB5787 HT5801	HLA-B*58:01 Typing	☐ LAB5738 HTKIR	KIR Genotyping (low resolution)			
☐ LAB5791 HTCELIAC	HLA Celiac	☐ LAB5377 HTSPS	Serum Preparation & Storage			
☐ Other: _____		☐ LAB5714 HTCPP	DNA Preparation & Storage			