



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

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TEST REQUISITION

*Required Fields

PATIENT/DONOR INFORMATION			REQUESTING PHYSICIAN/COORDINATOR			
[Medical Record Label]		<input type="checkbox"/> Recipient <input type="checkbox"/> Donor (Separate requisitions required)	*PHYSICIAN'S NAME (LAST, FIRST, INITIAL):			
		DIAGNOSIS:	*PHYSICIAN'S SIGNATURE:		PHYSICIAN'S ID:	
		ICD-9 CODE:	*COORDINATOR (LAST, FIRST, INITIAL):		COORDINATOR'S PHONE #:	
*NAME (LAST, FIRST, MIDDLE):		*DATE OF BIRTH:	CD-9 CODE:	*SEND RESULTS TO (NAME AND FAX #, EMAIL, OR BOX #):		
*MRN #:	ETHNICITY:	*STATUS: <input type="checkbox"/> Pre-transplant <input type="checkbox"/> Post-transplant		<input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT <input type="checkbox"/> STAT (Surcharge Applies)		
BILLING INFORMATION						
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	DONOR ID / DATE(S) OF PRIOR TRANSPLANT:		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)						
SPECIAL INSTRUCTIONS:		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)				
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:			IF ENCLOSED SAMPLE IS FROM A DONOR:	
		<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: _____			*RECIPIENT'S NAME:	
BY:		Chimerism requests: Complete a separate requisition for each specimen type.			*RECIPIENT'S DOB/MRN #:	
					*RELATIONSHIP OF DONOR TO RECIPIENT:	
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						
<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"/> CROSSMATCH (XM) <input type="checkbox"/> AUTO <input type="checkbox"/> ALLO <input type="checkbox"/> Serum Date: _____		
<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"/> DONOR'S NAME: _____ MRN: _____		
<input type="checkbox"/> LAB5721 HTALD HLA-A Intermediate Resolution		<input type="checkbox"/> LAB5765 HTENDOXM Endothelial Cell Crossmatch		<input type="checkbox"/> PRONASE <input type="checkbox"/> ABO INCOMPATIBLE CROSSMATCH (XM)		
<input type="checkbox"/> LAB5724 HTBLD HLA-B Intermediate Resolution		CHIMERISM TESTING / STR				
<input type="checkbox"/> LAB5729 HTCLD HLA-C Intermediate Resolution		<input type="checkbox"/> LAB5711 HTNH1 Informatives (recipient & donor)		<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"/> LAB5703 HTNH14 CD14/15 Cell Subset		
<input type="checkbox"/> LAB5723 HTSEB HLA-B High Resolution		<input type="checkbox"/> LAB5704 HTNH19 CD19 Cell Subset		<input type="checkbox"/> LAB5706 HTNH33 CD33 Cell Subset		
<input type="checkbox"/> LAB5728 HTSEC HLA-C High Resolution		<input type="checkbox"/> LAB5707 HTNH34 CD34 Cell Subset		<input type="checkbox"/> LAB5708 HTNH56 CD56 Cell Subset		
<input type="checkbox"/> LAB5735 HTSED HLA-DRB1 High Resolution		<input type="checkbox"/> LAB5709 HTNH71 CD71 Cell Subset		<input type="checkbox"/> LAB5710 HTNHGR Granulocyte Cell Subset		
<input type="checkbox"/> LAB5793 HTDRB345 HLA-DRB3/4/5 High Resolution						
<input type="checkbox"/> LAB5732 HTDQA HLA-DQA1 High Resolution						
<input type="checkbox"/> LAB5733 HTDQB HLA-DQB1 High Resolution						
<input type="checkbox"/> LAB5730 HTDPA HLA-DPA1 High Resolution						
<input type="checkbox"/> LAB5731 HTDPB HLA-DPB1 High Resolution						
<input type="checkbox"/> Special Instruction: _____						
HLA TYPING OTHER						
<input type="checkbox"/> LAB5786 HTA2 HLA-A2 Typing		HLA ANTIBODY TESTING				
<input type="checkbox"/> LAB5788 HTA68 HLA-A68 Typing		<input type="checkbox"/> LAB5719 HTPRA1 Class I PRA		<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"/> LAB5717 HTLS2 Class II Single Antigen		
<input type="checkbox"/> LAB5789 HTB51 HLA-B51 Typing		OTHER				
<input type="checkbox"/> LAB5725 HT1502 HLA-B*15:02 Typing		<input type="checkbox"/> LAB5738 HTKIR KIR Genotype Low Resolution		<input type="checkbox"/> LAB5377 HTSPS Serum Preparation & Storage		
<input type="checkbox"/> LAB5726 HT5701 HLA-B*57:01 Typing		<input type="checkbox"/> LAB5714 HTCPP DNA Preparation & Storage				
<input type="checkbox"/> LAB5787 HT5801 HLA-B*58:01 Typing						
<input type="checkbox"/> LAB5791 HTCELIAC HLA Celiac						
<input type="checkbox"/> Other: _____						