# HLA / KIR Typing Requisition

**Immunogenetics and Transplantation Laboratory**
**University of California, San Francisco**
Box 0508, San Francisco, CA 94143
Phone 415/476-3883  Fax 415/476-0379

[www.transplant-lab.org](http://www.transplant-lab.org)

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### Specimen Identification

At least 2 fields MUST be completed

- **Name/ID#:**
- **Date of Birth:**
- **Gender:**
- **MRN #:**
- **Visit #:**
- **Reference #:**
- **ICD9 Code:**

#### Purpose*

- Transplant: ___ Recipient
- Unrelated Donor
- Related Donor (Relationship ___)
- Autoimmune Disease
- Other ___

#### Recipient Information (ONLY needed for donor specimen)

- **Recipient Name:**
- **Date of Birth:**
- **Reference #:**
- **MRN #:**
- **Visit #:**

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### Specimen Collection

- **Date of Collection:**
- **Time:**

#### Specimen Description*

- Peripheral Blood
- Amniotic Fluid
- Umbilical Cord Blood
- DNA
- Buccal Mucosa
- Other ___

#### Anticoagulant

- ACD (yellow top)
- EDTA (DNA typing only, purple top)
- Other ___

#### Factors Potentially Affecting Typing

- Recent Transfusion
- Low WBC

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### Requesting Physician

- **Physician:**
- **UPIN:**
- **Hospital/Lab:**
- **Phone:**

#### Address

- City __________ State _____ Zip __________
- Fax Report to # __________
- **Signature:**
- **Date ____/____/____

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### Additional Reports

- **Name:**
- **Address:**
- **City:**
- **State:**
- **Zip:**

#### Contact Information for Hospital/Laboratory Billing Information

- **Name:**
- **Address:**
- **City:**
- **State:**
- **Zip:**
- **Phone:**
- **Fax:**

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* Required Information

**Varies according to test and HLA types of specimen.**

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Lee Ann Baxter-Lowe, Ph.D. dip. ABHI, Director  CLIA# 05D0720389  CA Lic# CLF3207  ASHI# 02-6-CA-14-1  CMS# 05-HL-06  Rev. 08/23/11
## Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
<th>Internet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee Ann Baxter-Lowe, Ph.D.</td>
<td>Director</td>
<td>415/476-6058</td>
<td><a href="mailto:baxterlowel@surgery.ucsf.edu">baxterlowel@surgery.ucsf.edu</a></td>
</tr>
<tr>
<td>Denice Kong</td>
<td>BMT Specialist</td>
<td>415/476-0792</td>
<td><a href="mailto:kongd@surgery.ucsf.edu">kongd@surgery.ucsf.edu</a></td>
</tr>
<tr>
<td>Victor Corpuz</td>
<td>Director of Laboratory Operations</td>
<td>415/476-0791</td>
<td><a href="mailto:corpuzv@surgery.ucsf.edu">corpuzv@surgery.ucsf.edu</a></td>
</tr>
<tr>
<td>Lab Administration</td>
<td></td>
<td>415/476-3883</td>
<td><a href="mailto:itl@surgery.ucsf.edu">itl@surgery.ucsf.edu</a></td>
</tr>
<tr>
<td>Lab</td>
<td></td>
<td>415/476-3886</td>
<td><a href="http://www.transplant-lab.org">www.transplant-lab.org</a></td>
</tr>
</tbody>
</table>

## Shipping Instructions

*Ship by overnight carrier for delivery Monday - Friday, 8:00 am - 5:00 pm.*

For delivery at other times, contact the laboratory to make prior arrangements.

**Address:**

UCSF Immunogenetics and Transplantation Laboratory
CPMC Davies Campus
45 Castro Street, Main Hospital, Level B
San Francisco, CA 94114

**Phone:** 415-476-3883

Ship blood specimens at ambient temperature.
For other specimens, contact the laboratory for instructions.

## Specimen Requirements

<table>
<thead>
<tr>
<th>Test Method</th>
<th>Specimen Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNA Typing</td>
<td>1-10 ml Blood in ACD tube (yellow top) or EDTA tube (purple top)</td>
</tr>
<tr>
<td></td>
<td>Additional specimen is needed if the WBC count is low.</td>
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<tr>
<td></td>
<td>For other specimens, contact the laboratory.</td>
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<tr>
<td></td>
<td>Acceptable samples include:</td>
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<tr>
<td></td>
<td>Amniotic fluid</td>
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<tr>
<td></td>
<td>Bone marrow</td>
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<tr>
<td></td>
<td>Buccal mucosa</td>
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<tr>
<td></td>
<td>Cord blood</td>
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<tr>
<td></td>
<td>Cultured cells</td>
</tr>
<tr>
<td></td>
<td>DNA</td>
</tr>
<tr>
<td></td>
<td>Whole blood spotted on filter paper</td>
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<tr>
<td>Serological HLA Typing</td>
<td>Two 10 ml ACD tubes (yellow top)</td>
</tr>
<tr>
<td></td>
<td>Additional specimen is needed if the WBC count is low.</td>
</tr>
</tbody>
</table>