



**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)		*PHYSICIAN'S NAME (LAST, FIRST, INITIAL):	
		DIAGNOSIS:		*PHYSICIAN'S SIGNATURE:	PHYSICIAN'S ID:
*NAME (LAST, FIRST, MIDDLE):		*DATE OF BIRTH:	ICD-9 CODE:	*COORDINATOR (LAST, FIRST, INITIAL):	
*MRN #:		ETHNICITY:	*STATUS: <input type="checkbox"/> Pre-transplant <input type="checkbox"/> Post-transplant	*SEND RESULTS TO (NAME AND FAX #, EMAIL, OR BOX #):	
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:	<input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT <input type="checkbox"/> STAT (Surcharge Applies)	
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: _____		BILLING INFORMATION	
SEND BILL TO (PHYSICIAN/CLIENT NAME AND ADDRESS):					

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 3333 California Street, Suite 150 San Francisco, CA 94118 Tel: (415) 476-3886 Fax: (415) 476-0379		

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