Histocompatibility Lab | Non-Transplant Testing

Phone: 800-245-3117 x6250 | Fax 414-937-6322

NOTE: Versiti does NOT bill patients or insurance. Test orders must be placed through a medical facility that has an account with Versiti. Client # required.

Ordering Institution Information

Person Completing Requisition:	Physician/Provider:

Institution:	Client #:

Dept:	Address:

City:	State:	Zip Code:

Phone (Lab):	Provider Contact (phone/email):

Special Reporting Requests:	PO #:

Is testing for outpatient Medicare enrollee or Wisconsin Medicaid recipient? ☐ Yes ☐ No

If yes, please complete the beneficiary form located at https://versiti.org/products-services/requisitions and submit with this requisition.

Patient Information

Last Name:	First Name:	MI:	DOB:

MR#:	Accession #:	SSN:

Biologic Sex/Sex Assigned at Birth: ☐ Male ☐ Female ☐Other

Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Ashkenazi Jewish ☐ Other ____________________

Specimen Information

Specimen Type: ☐ Blood ☐ Buccal Swabs ☐ Plasma ☐ Serum ☐ DNA ☐ Umbilical Cord Blood ☐ Other ____________________________

Anticoagulant: ☐ EDTA ☐ ACDA ☐ ACDB ☐ Clot ☐ Other _________________	Draw Date:	Draw Time:

Patient History

Potential Platelet Recipient? ☐ Yes ☐ No If yes, please complete information below

Determine if STAT testing is required and alert Histocompatibility Lab if STAT testing is required (refer to bottom left section and drawing instructions on back/next page). (preceded by **)

Transfusion History: ☐ Unknown ☐ None ☐ Multiple ________ (number)

Last Transfusion: _____/_____/_____ of: ________________

Diagnosis:	Previous Typing, If Known:

HLA-A _________ HLA-B ________ HLA-C ________ HLA-DR ________ HLA-DQ ________ HLA-DP ________

Testing

HLA Matched Platelet Transfusion Workup

☐ HLA-AB Low Resolution (2303)

☐ HLA Antibody Identification Class I High Resolution (2226)

☐ **STAT Testing (STAT Fee Applies) – complete bottom left section**

HLA Typing

☐ HLA-A Low Resolution (2304)
☐ HLA-B Low Resolution (2305)
☐ HLA-C Low Resolution (2306)
☐ HLA-ABC Low Resolution (2302)
☐ HLA-DRB1 Low Resolution (2307)
☐ HLA-DRB3, B4, B5 Low Resolution (2122)
☐ HLA-DRB1 and -DQA1/-DQB1 Low Resolution (2553)
☐ HLA-DQA1/-DQB1 Low Resolution (2308)
☐ HLA-DPB1/-DPA1 Low Resolution (2318)
☐ HLA-A High Resolution by DNA Sequencing (2324)
☐ HLA-B High Resolution by DNA Sequencing (2325)
☐ HLA-C High Resolution by DNA Sequencing (2326)
☐ HLA-ABC High Resolution (2329)
☐ HLA-DRB1 High Resolution by DNA Sequencing (2322)
☐ HLA-DRB3*01 (DR52) Determination (5252)
☐ HLA-DQB1 High Resolution by DNA Sequencing (2328)
☐ HLA-DPB1 High Resolution by DNA Sequencing (2323)

HLA Disease Association Testing

☐ HLA-A*02:01 Determination (2279)
☐ HLA-A29 Determination (2274)
☐ HLA-B27 Determination (2271)
☐ HLA-B51 Determination (2275)
☐ HLA-B*15:02 Determination (2276)
☐ HLA-B*57:01 Determination (2272)
☐ HLA-DR Single Antigen (2361) Specify: ____________
☐ HLA Typing for Narcolepsy (2270)
☐ HLA Typing for Celiac Disease (2277)

HLA Antibody Testing

☐ HLA Antibody Detection (Flow Cytometry) (2235)
(If positive, will reflex to HLA Antibody ID Class I / II)

☐ HLA Antibody Identification Class I High Resolution (2226)
☐ HLA Antibody Identification Class II High Resolution (2231)

STAT Testing

☐ **STAT Testing (STAT Fee Applies)**

Results Required No Later Than: Date Needed By: _____/_____/_____ Time: _____:______

Contact Name:

Contact Phone #:

VERSITI USE ONLY

____ HEPB ____ ACDA ____ ACDB ____ EDTA

____ Clot ____ Other: _______________

Opened By:	Reviewed By:
Evaluated By:	Labeled By:

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DRAWING INSTRUCTIONS

Tubes must be **individually** labeled with **FULL NAME OF INDIVIDUAL, ANOTHER IDENTIFIER (e.g., SSN, MRN, DOB), DATE AND TIME OF DRAWING**. Samples cannot be accepted after any exposure to an environment in which HLA genes are amplified. This precaution is essential to avoid contamination of samples with DNA that could alter test results. **Samples will be accepted from 8:00 a.m. Monday through noon on Friday**. Emergency testing **MUST** be arranged through the laboratory. Call (414) 937-6201.

TEST	SAMPLE REQUIREMENTS	STORE and SHIP
HLA Low Resolution (A, B, C, AB, ABC, DRB1, DRB3 B4 B5, DQB1/DQA1, DPB1), HLA-A29, HLA-B27, HLA-B51, HLA-Narcolepsy, HLA-Celiac, HLA-DR Single Antigen	5 - 14 ml EDTA whole blood (lavender top) **or** ACDA whole blood (yellow top) or 4 buccal swabs	Room temperature
HLA High Resolution (A, B, C, DRB1, DQB1, DPB1), HLA-A*02:01, HLA-B*15:02, HLA-B*57:01	5 - 14 ml EDTA whole blood (lavender top) **or** ACDA whole blood (yellow top) or 4 buccal swabs	Room temperature
HLA Antibody Detection, HLA Antibody Identification	10 ml Clotted (red top) blood	Room temperature
Platelet Recipient: HLA-AB Low Resolution HLA Antibody Identification Class I High Resolution *** Indicate STAT Testing, if required**	14 ml EDTA whole blood (lavender top) **or** 4 buccal swabs **and** 10 ml Clotted (red top) blood	Room temperature
Kidney, Heart, Liver, Pancreas, Lung **Recipient - Initial Workup**	**REFER TO HISTOCOMPATIBILITY LAB TRANSPLANT TESTING REQUISITION**	Room temperature
Kidney **Donor Workup**	**REFER TO HISTOCOMPATIBILITY LAB TRANSPLANT TESTING REQUISITION**	Room temperature
Crossmatch (Flow Cytometric)	**REFER TO HISTOCOMPATIBILITY LAB TRANSPLANT TESTING REQUISITION**	Room temperature
Bone Marrow (Stem Cell) recipients or donors	**REFER TO HISTOCOMPATIBILITY LAB TRANSPLANT TESTING REQUISITION**	Room temperature

SHIPPING INFORMATION

Contact laboratory for pediatric drawing requirements or low white cell count drawing requirements. Blood samples should be shipped by overnight carrier. The package must be shipped in compliance with carrier's guidelines. Please contact your carrier for current biohazardous shipping regulations.

Label Box: Refrigerate, Room Temperature, or Frozen (whichever is appropriate)

Packages should be addressed to:

Versiti Wisconsin – Histocompatibility Laboratory
638 N 18th Street
Milwaukee, WI 53233