**Versiti does NOT bill patients or their insurance. Call 800-245-3117 ext. 6250 for your Client#.

**HISTOCOMPATIBILITY LAB NON-TRANSPLANT TESTING**
Phone 800-245-3117 x 6201
Fax (414) 937-6322

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Is testing for outpatient Medicare enrollee or Wisconsin Medicaid recipient?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please complete our beneficiary form located at <a href="http://www.versiti.org/medical-professionals/products-services/requisitions">www.versiti.org/medical-professionals/products-services/requisitions</a> and submit with this requisition.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PATIENT HISTORY

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

- **Transfusion History**
  - Unknown ☐
  - None ☐
  - Multiple ☐
  - Last Transfusion Number / / of:

- **Diagnosis:**
  - Previous Typing, if known:

### 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, 4, 5 Low Resolution (2122)
- ☐ HLA-DOA1/-DOB1 Low Resolution (2553)
- ☐ HLA-DPB1 Low Resolution (2313)
- ☐ 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-DOB1 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-B15:02 Determination (2276)
- ☐ HLA-B*57:01 Determination (2272)
- ☐ HLA-DR Single Antigen (2361) Specify:___________
- ☐ HLA Typing for Narcolepsy (2270)

### 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 Fee Applies**

Results Required No Later Than

- Date Needed By: ( / / ) Time: :

**Contact Phone #:**

**Contact Name:**

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Rev Date 08/31/19   CLIA # 52D1009037   Medicare Provider # 84481
**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.

<table>
<thead>
<tr>
<th>TEST</th>
<th>SAMPLE REQUIREMENTS</th>
<th>STORE and SHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLA Low Resolution (A, B, C, AB, ABC, DRB1, DRB3B4B5, DQB1/DQA1, DPB1), HLA-A29, HLA-B27, HLA-B51, HLA-Narcolepsy, HLA-DR Single Antigen</td>
<td>5 - 14 ml EDTA whole blood (lavender top) or ACDA whole blood (yellow top) or 4 buccal swabs</td>
<td>Room temperature</td>
</tr>
<tr>
<td>HLA High Resolution (A, B, C, DRB1, DQB1, DPB1), HLA-A<em>02:01, HLA-B</em>15:02, HLA-B*57:01</td>
<td>5 - 14 ml EDTA whole blood (lavender top) or ACDA whole blood (yellow top) or 4 buccal swabs</td>
<td>Room temperature</td>
</tr>
<tr>
<td>HLA Antibody Detection, HLA Antibody Identification</td>
<td>10 ml Clotted (red top) blood</td>
<td>Room temperature</td>
</tr>
<tr>
<td>Platelet Recipient:</td>
<td>14 ml EDTA whole blood (lavender top) or 4 buccal swabs</td>
<td>Room temperature</td>
</tr>
<tr>
<td>- HLA-AB Low Resolution</td>
<td>10 ml Clotted (red top) blood</td>
<td>Room temperature</td>
</tr>
<tr>
<td>- HLA Antibody Identification Class I High Resolution</td>
<td>* Indicate STAT Testing, if required</td>
<td></td>
</tr>
<tr>
<td>Kidney, Heart, Liver, Pancreas, Lung</td>
<td>REFER to HISTOCOMPATIBILITY LAB TRANSPLANT TESTING REQUISITION</td>
<td>Room temperature</td>
</tr>
<tr>
<td>Kidney Donor Workup</td>
<td>REFER to HISTOCOMPATIBILITY LAB TRANSPLANT TESTING REQUISITION</td>
<td>Room temperature</td>
</tr>
<tr>
<td>Crossmatch (Flow Cytometric)</td>
<td>REFER to HISTOCOMPATIBILITY LAB TRANSPLANT TESTING REQUISITION</td>
<td>Room temperature</td>
</tr>
<tr>
<td>Bone Marrow (Stem Cell) recipients or donors</td>
<td>REFER to HISTOCOMPATIBILITY LAB TRANSPLANT TESTING REQUISITION</td>
<td>Room temperature</td>
</tr>
</tbody>
</table>

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.

Packages should be addressed to: Versiti Wisconsin - Histocompatibility Laboratory 638 North 18th Street Milwaukee, WI 53233

Label box: Refrigerate, Room Temperature, or Frozen -- whichever is appropriate.

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