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

Person Completing Requisition	
Institution	Client#
Dept	Physician
Address	
City	ST ZIP
Phone (Lab)	Phone (Physician)

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

Patient/Sample Name Last First MI

MR # Accession # SSN # - -

DOB / / Gender ☐ M ☐ F Ethnicity ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Ashkenazi Jewish ☐ Other

Specimen Type ☐ Blood ☐ Buccal Swabs ☐ Plasma ☐ Serum ☐ DNA ☐ Umbilical Cord Blood ☐ Other_____ Draw Date / /

Anticoagulant ☐ EDTA ☐ ACDA ☐ ACDB ☐ Clot ☐ Other_____ Draw Time

Medicare

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

If yes, please complete our beneficiary form located at www.versiti.org/medical-professionals/products-services/requisitions and submit with this requisition

Special Reporting Requests:	**PO#:**

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).**

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_____

HLA MATCHED PLATELET TRANSFUSION WORKUP

☐ HLA-AB Low Resolution (2303) ☐ **STAT Testing (STAT Fee Applies) – complete bottom left section**
☐ HLA Antibody Identification Class I High Resolution (2226)

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 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-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 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:_____:_____
M M D D Y Y
Contact Phone #: _____
Contact Name: _____

Versiti Use Only			
____ HEPB	_____ACDA	Opened By	_____
____ Clot	_____ACDB	Evaluated By	_____
	_____EDTA	Reviewed By	_____
____ Other_____		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, DRB3B4B5, DQB1/DQA1, DPB1), HLA-A29, HLA-B27, HLA-B51, HLA-Narcolepsy, 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

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.