



HLA-DNA TEST ORDER FORM

Versiti Indiana, Inc

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CLIA# 15D2084361 • ASHI # 08-4-IN-06-1

Hematology Section

PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW

PATIENT INFORMATION

Date	Sample Date	Facility Name	Facility Phone #
Patient Name	<input type="checkbox"/> M <input type="checkbox"/> F	Facility Address	Facility Fax #
DOB	HOSP. ID #	Diagnosis	Person Completing Requisition
ABO/RH	SS#	Doctor	

SPECIAL PLATELET ORDER SECTION

NEW ORDER / CHANGE OF ORDER (Please circle one)

- All orders for HLA and Single Donor matched platelets must be received in writing.
- This form must be completed with each sample submission
- Change in orders can be emailed or faxed.
- Turn-around times depend on platelet availability and refractory status of patient.
 - Random single donor matched platelet order requires 48 hours from time of receipt of order and serum.
 - HLA matched platelet orders requires 5 days from time of receipt of order and serum.
- Any order that is needed in less than the stated turn-around times will accrue a STAT fee per each test needed to complete work-up and the HLA lab should be notified by phone. Stat Fee \$200.00

SINGLE DONOR PLATELET <input type="checkbox"/>	CMV STATUS? <input type="checkbox"/>	Versiti IRRADIATE? Y <input type="checkbox"/> N <input type="checkbox"/>	COMMENTS OR SPECIAL REQUESTS (e.g. HPA Negative):
HLA MATCHED PLATELET <input type="checkbox"/>	NEG NA <input type="checkbox"/>		
NO PRODUCT AT THIS TIME <input type="checkbox"/>	NEG REQUIRED <input type="checkbox"/>		
NUMBER OF UNITS PER DAY:	DATE(S) OF GIVE: _____		

HLA Testing is performed Monday-Friday. Please call for special scheduling needs or STAT orders. All specimens must be labeled according to CLIA regulations.

PLATELET SUPPORT SERVICES

SPEC REQ

HLA MATCHED Platelet Support - Includes: HLA Typing (AB), Antibody Identification Class I, SPRCA Crossmatch <i>Patients receiving ongoing platelet support will require monthly antibody screens to determine change in antibody status. This testing will be automatically ordered by the lab every 30 days.</i>	A*, E
Crossmatched Platelet Support - Includes: Antibody Identification Class I, SPRCA Crossmatch <i>Fresh sample is required for continuous SPRCA crossmatch support every 7 days. Antibody Class I testing will be automatically repeated every 30 days.</i>	A*

OTHER SERVICES

DISEASE ASSOCIATION SERVICES	
Specify HLA antigen(s) and/or Disease Association- e.g., Ankylosing Spondylitis/Rheumatoid Arthritis (B27), Narcolepsy (DR2/DQ1)	B or E
CRYOPRESERVATION	
Parathyroid Tissue Cryopreservation	C, D
TRALI INVESTIGATION	
TRALI Investigation - Please include information on implicated units using the <i>Recipient Adverse Event Investigation Hospital Report form. For investigation initiation, consult, and/or questions, call Versiti Indiana Donor Management at (317) 916-5101.</i>	B or E
NEONATAL ALLOIMMUNE THROMBOCYTOPENIA (NAIT) PANEL <i>Sendout testing performed by Versiti Wisconsin, Inc</i>	
Initial testing of Maternal sample with Paternal Sample Mother's Name: _____ DOB _____ <i>(If postnatal, complete PATIENT INFORMATION above with Baby's information. If prenatal, complete PATIENT INFORMATION above with mother's information)</i> Father's Name: _____ DOB _____	Mother: F, G Father: F
Initial testing of Maternal sample ONLY Mother's Name _____ DOB _____ <i>(If postnatal complete PATIENT INFORMATION above with Baby's information. If prenatal complete PATIENT INFORMATION above with mother's information)</i>	F, G
Antibody monitoring of Maternal sample	G

SPECIMEN REQUIREMENTS

A = 5 ml Clot Tube (Red)	C = 10 ml Na Heparin (Green) or ACD Sol A (Yellow)	D = Parathyroid Tissue (Green)	F = 40ml ACD Sol A (Yellow)
A(*) = 5 ml Clot Tube (New sample needed every 7 days)	B = 10 ml ACD Sol A (Yellow)	E = 4ml EDTA (Purple)	G = 20 ml Clot Tubes (Red)