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
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 ☐ Sodium Heparin ☐ Clot ☐ Other_____ Draw Time

Special Reporting Requests:	**PO#:**

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.

PATIENT HISTORY

Transfusion History ☐ Unknown ☐ None ☐ Multiple_____ Last Transfusion_____/_____/_____ of: _____

Diagnosis:_____ Number Previous Typing, if known: _____

HLA-A_____ HLA-B_____ HLA-C_____ HLA-DR_____ HLA-DQ_____ HLA-DP_____

TRANSPLANT WORKUP ☐ Initial Workup

Type: ☐ Bone Marrow (Stem Cell) ☐ Kidney ☐ Pancreas ☐ Liver ☐ Heart ☐ Lung ☐ Deceased Organ Donor

☐ Other _____

REQUIRED FOR TRANSPLANT RECIPIENTS

Coordinator Name:_____ Phone #_____

Previous Transplant? ☐ No ☐ Yes Type:_____ Date:_____/_____/_____ Transplant Center: _____

Number of pregnancies (including miscarriages and abortions): _____

Sample is from: ☐ Recipient ☐ Prospective Donor Name of Recipient: _____

Relationship to Recipient:_____ Recipient's Transplant Center: _____

TRANSPLANT TESTING

☐ ABO/Rh (2200)	☐ HLA-C Intermediate Resolution (2506)
☐ Autocrossmatch (Flow Cytometric Crossmatch) (2600)	☐ HLA-AB Intermediate Resolution (2520)
☐ Crossmatch (Flow Cytometric Crossmatch with recipient) (2610)	☐ HLA-ABC Intermediate Resolution (2347)
☐ Crossmatch Titration (Flow Cytometry) (2601)	☐ HLA-A,B,DRB1 Intermediate Resolution (2522)
☐ HLA Antibody Detection (Flow Cytometry) (2235)	☐ HLA-DRB1 Intermediate Resolution (2507)
☐ HLA Antibody Identification Class I High Resolution (2226)	☐ HLA-DRB3,B4,B5 Intermediate Resolution (2321)
☐ HLA Antibody Identification Class II High Resolution (2231)	☐ HLA-DQB1/-DQA1 Intermediate Resolution (2508)
☐ HLA-A Low Resolution (2304)	☐ HLA-DPB1 Intermediate Resolution (2513)
☐ HLA-B Low Resolution (2305)	☐ HLA-B/DRB1 Intermediate Resolution (Verification Typing)(2319)
☐ HLA-C Low Resolution (2306)	☐ HLA-A High Resolution (2324)
☐ HLA-AB Low Resolution (2303)	☐ HLA-B High Resolution (2325)
☐ HLA-ABC Low Resolution (2302)	☐ HLA-C High Resolution (2326)
☐ HLA-DRB1 Low Resolution (2307)	☐ HLA-ABC High Resolution (2329)
☐ HLA-DRB3,B4,B5 Low Resolution (2122)	☐ HLA-DRB1 High Resolution (2322)
☐ HLA-DRB1 and –DQB1/-DQA1 Low Resolution (2553)	☐ HLA-DQB1 High Resolution (2328)
☐ HLA-DQB1/-DQA1 Low Resolution (2308)	☐ HLA-DPB1 High Resolution (2323)
☐ HLA-DPB1 Low Resolution (2313)	☐ HLA High Resolution Panel by NGS (2300)
☐ HLA-A Intermediate Resolution (2504)	☐ HLA Haplotype by STR (2380)
☐ HLA-B Intermediate Resolution (2505)	☐ KIR Genotyping (2377)

☐ **STAT Testing**
Results Required No Later Than
Date:_____
Time:_____

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 Antibody Detection & Identification, Kidney recipient monthly HLA antibody	10-ml Clotted (red top) blood (pre-dialysis for kidney recipient HLA antibody testing)	Room temperature
Kidney, Heart, Liver, Pancreas, Lung **Recipient - Initial Workup**	20-ml Clotted (red top) blood and 14 ml EDTA (lavender top) blood. **Must be drawn pre-dialysis**	Room temperature
Kidney **Donor Workup**	40-ml Sodium Heparinized whole blood (green top)* and 20-ml Clotted (red top) blood and 14 ml EDTA (lavender top) blood. **If crossmatches are to be performed, a 10-ml Clotted (red top) sample from recipient is required.**	Room temperature
Flow Cytometry Crossmatch*****	40-ml Sodium Heparinized whole blood (green top)* and 10 ml Clotted (red top). **If crossmatches are to be performed, a 10-ml Clotted (red top) sample from recipient is required.**	Room temperature
Crossmatch Titration (flow cytometry)*****	60-ml Sodium Heparinized whole blood (green top) and 10 ml Clotted (red top). **If crossmatches are to be performed, a 10-ml Clotted (red top) sample from recipient is required.**	Room temperature
HLA Low or Intermediate or High Resolution (A, B, C, AB, ABC, DRB1, DRB3,B4,B5, DQB1, DQB1/DQA1, DPB1)	14-ml EDTA (lavender top) whole blood or 4 buccal swabs (contact laboratory if submitting cord blood)	Room temperature
HLA Haplotype by STR or KIR Genotyping	5-ml EDTA (lavender top) whole blood or 4 buccal swabs (contact laboratory if submitting cord blood or purified DNA)	Room Temperature

*If samples submitted for crossmatching (sodium heparin tubes) will not be received by our lab within 24 hours, use ACD **solution B** to replace sodium heparinized whole blood.

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.