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 / of: 

Diagnosis: 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-DBQ1/-DQA1 Intermediate Resolution (2508) 
☐ HLA-A Low Resolution (2304) ☐ HLA-DBP1 Intermediate Resolution (2513) 
☐ HLA-B Low Resolution (2305) ☐ HLA-DBP1 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-DBQ1 High Resolution (2328) 
☐ HLA-DBQ1/-DQA1 Low Resolution (2308) ☐ HLA-DBP1 High Resolution (2323) 
☐ HLA-DBP1 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:

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

Versiti Use Only

---- HEPB ☐ ACDA
---- Clot ☐ ACDB
---- Other ☐ EDTA

Opened By ☐ Evaluated By ☐ Reviewed By ☐ Labeled By ☐
Versiti does NOT bill patients or their insurance. Call 800-245-3117 ext. 6250 for your Client#.

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

*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.