



**versiti™**

**Versiti Michigan, Inc**

**HLA Laboratory • CLIA ID# 23D0724117**

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**Affix Hospital Label or Complete:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Medical Record # / CPI: \_\_\_\_\_

DOB: \_\_\_\_\_

## Human Leukocyte Antigen (HLA) Testing

Fill out this form **COMPLETELY** and send with specimen(s). See reverse for specimen handling. **(PLEASE PRINT)**

Race \_\_\_\_\_

Gender:  M  F

Transfusion History:  None  Unknown  Yes . . . Last Date \_\_\_\_\_ Products \_\_\_\_\_

Tissue Exposures:  Yes  No Transplant/Graft \_\_\_\_\_ what / when / where Pregnancies \_\_\_\_\_ number

Specimen:  Whole Blood  Buccal Swab  Other (specify) \_\_\_\_\_

Specimen Collected By: \_\_\_\_\_ Date/Time Collected: \_\_\_\_\_

**Client:** Physician \_\_\_\_\_  
 Hospital \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Hospital Address \_\_\_\_\_  
 Fax or call report to (if different than above) \_\_\_\_\_

| Recipient Transplant Testing  |   |
|---|---|
| <input type="checkbox"/> <b>Initial Workup</b><br>• HLA-A, -B, -C, -DRB1, -DQB1   | <input type="checkbox"/> <b>Initial Workup with SAB</b><br>• HLA-A, -B, -C, -DRB1, -DQB1<br>• Class I and II antibody ID – High Res (SAB) |
| Donor Transplant Testing  |   |
| Recipient: _____ Relationship to Recipient: _____<br>Recipient DOB: _____ NMDP Recipient ID: _____  |   |
| <input type="checkbox"/> <b>Related Donor Screen</b><br>• HLA-A, -B, -DRB1  | <input type="checkbox"/> <b>Unrelated Donor Workup</b><br>• HLA-A, -B, -C, -DRB1, -DQB1   |
| Extended Transplant Testing   |   |
| <input type="checkbox"/> HLA-C<br><input type="checkbox"/> HLA-DQA1<br><input type="checkbox"/> HLA-DQB1  | <input type="checkbox"/> HLA-DPA1<br><input type="checkbox"/> HLA-DPB1<br><input type="checkbox"/> HLA-DRB3/4/5                           |
| <input type="checkbox"/> <b>Confirmation / Verification Typing</b><br>• HLA-A, -B, -DRB1<br><input type="checkbox"/> <b>Class I and II antibody ID – High Res (SAB)</b>   |   |
| Transfusion Support Testing*  |   |
| <input type="checkbox"/> <b>Transfusion Support</b><br>• Class I Antibody ID – High Res (SAB)<br>• If positive, HLA-A, -B Typing<br>* To request HLA-Matched platelets, please complete and return the <b>Special Order Apheresis Platelets Request</b> form to the HLA Department. |   |
| Disease Association / Vaccine Testing   |   |
| <input type="checkbox"/> <b>HLA-A29</b> (Uveitis - Birdshot Chorioretinopathy)<br><input type="checkbox"/> <b>HLA-B27</b> (Ankylosing Spondylitis)  | <input type="checkbox"/> <b>HLA-B51</b> (Behçet Disease)<br><input type="checkbox"/> <b>HLA-B*57:01</b> (Abacavir Sensitivity)            |
| Other: _____  |   |

All Specimens stored for 1 year.

SAB = Single Antigen Beads

Date/Time Received: \_\_\_\_\_

Michigan Blood ID No.: \_\_\_\_\_

Previous # 26643

Document No:

Version:

Pages:

|                |
|----------------|
| MB.HLA.FM-0011 |
| 5.0            |
| Page 1 of 2    |

## Sample Acceptability

| TEST   | ACCEPTABLE SPECIMEN  | MIN. VOLUME                              | # of Tubes | STORAGE / SHIPPING TEMP   |
|--|--|--|------------|---|
| HLA Typing*  | Whole Blood (EDTA)<br>or<br>Whole Blood (ACD Solution B)<br>or<br>Buccal Swabs                               | Whole Blood<br>6mL<br><br>6 buccal swabs | 2 tubes    | Whole Blood<br>Room Temperature (20-25°C)<br>or<br>Frozen (-10°C or colder)   |
|  |  |  |            | Buccal Swabs<br>Room Temperature (20-25°C)<br><b>DO NOT refrigerate or freeze</b>   |
| *Contact HLA Laboratory for pediatric drawing requirements or low white cell count (<1.0) specimen requirements. |  |  |            |   |
| Antibody ID (High Res SAB)   | Preferred Specimen:<br>red top**<br><br>(Serum separator tubes not acceptable)<br>or<br>Whole Blood** (EDTA) | Red Top<br>or<br>Whole Blood<br>6mL      | 1 tube     | Red Top or Whole Blood (EDTA)<br>Room Temperature (20-25°C) or Refrigerated (2 - 8°C)<br>up to 24 hours   |
|  |  |  |            | Separated Serum or Plasma<br>Separated within 24 hours and Refrigerated (2 - 8°C) for<br>7 days (separated plasma)<br>or<br>14 days (separated serum) |
| ** Blood may be spun and only serum/plasma submitted.  |  |  |            |   |