



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

**MICHIGAN HLA LAB**  
 CLIA ID# 23D0724117  
 Phone (616) 233-8597  
 Fax (616) 233-8658

**WISCONSIN HLA LAB**  
 CLIA # 52D1009037  
 Phone 800-245-3117 x 6201  
 Fax (414) 937-6322

**PATIENT DEMOGRAPHIC INFORMATION**

<b>Patient/Sample Name</b>	Last	First	MI
MR #	Accession #		
DOB	/ /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> Other: _____
Specimen Type	<input type="checkbox"/> Blood <input type="checkbox"/> Buccal Swabs <input type="checkbox"/> Plasma <input type="checkbox"/> Serum <input type="checkbox"/> DNA <input type="checkbox"/> Umbilical Cord Blood <input type="checkbox"/> Other: _____		Draw Date / /
Anticoagulant	<input type="checkbox"/> EDTA <input type="checkbox"/> ACDA <input type="checkbox"/> ACDB <input type="checkbox"/> Clot <input type="checkbox"/> Sodium Heparin <input type="checkbox"/> Other: _____		Draw Time:

**ADDITIONAL PATIENT INFORMATION**

**PATIENT HISTORY**

Transfusion History  Unknown  None  Multiple, # \_\_\_\_\_ Last Transfusion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Product:: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 If female, number of pregnancies (including miscarriages/abortions): \_\_\_\_\_  
 Previous transplants incl. solid organ?  No  Yes Transplant Center: \_\_\_\_\_  Previous HLA Typing Attached

**REQUIRED FOR BONE MARROW TRANSPLANT RECIPIENTS**

Coordinator Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Sample is from:  Recipient  Prospective Donor  
 Name of Recipient: \_\_\_\_\_ Recipient DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Relationship to Recipient: \_\_\_\_\_ Recipient's Transplant Center: \_\_\_\_\_

**SERVICES (Performed by Versiti Michigan)**

<input type="checkbox"/> STAT Testing	Results will be expedited within 3 business days (M-F) – Additional STAT fee applied	
<input type="checkbox"/> Transfusion Support: HLA Class I Antibody ID High Res (SAB). If positive, HLA-A, -B Typing To request HLA-Matched platelets, please complete and return the <b>Special Order Apheresis Platelets Request</b> form to the Michigan HLA Department.		
<input type="checkbox"/> HLA Class I and II Antibody ID High Res (SAB)		
<input type="checkbox"/> Confirmation / Verification Typing (HLA-A, -B, -DRB1 High Resolution by SSO)		
<input type="checkbox"/> HLA-A29 (Uveitis - Birdshot Chorioretinopathy)	<input type="checkbox"/> HLA-B51 (Behçet Disease)	<input type="checkbox"/> OTHER - Specify Single Antigen(s): _____
<input type="checkbox"/> HLA-B27 (Ankylosing Spondylitis)	<input type="checkbox"/> HLA-B*57:01 (Abacavir Sensitivity) _____	

**SERVICES (Performed by Versiti Wisconsin)**

<input type="checkbox"/> STAT Testing	Results will be expedited within 3 business days (M-F) – Additional STAT fee applied	
<input type="checkbox"/> HLA High Resolution Panel by NGS (2300)		
<input type="checkbox"/> HLA Haplotype by STR (2380), IF STR is a Likely Match, Reflex to NGS Panel		
<input type="checkbox"/> KIR Genotyping (2377)		

**Versiti Michigan Use Only**

Date/Time Received: \_\_\_\_\_  
 Michigan Blood ID No.: \_\_\_\_\_

**Versiti Wisconsin Use Only**

_____ EDTA _____ Clot	Evaluated By _____
_____ ACDA _____ HEPB	
_____ ACDB _____ Swabs	
_____ Other _____	

**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 (616) 233-8597 for Versiti Michigan, or (414) 937-6201 for Versiti Wisconsin.

**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](http://www.versiti.org/medical-professionals/products-services/requisitions) and submit with this requisition.

**Shipping address:** **Versiti Michigan, Inc. – HLA Laboratory**  
1036 Fuller Avenue Northeast  
Grand Rapids, MI 49503  
Phone: (616) 233-8597

**Additional Services Performed at:** **Versiti Wisconsin, Inc. – HLA Laboratory**  
638 N. 18th Street  
Milwaukee, WI 53233  
Phone: (414) 937-6322

**Recommended tubes for collection -- Do not use tubes that contain a silicone separator gel:**

Plain red top vacutainers for clotted (serum) samples -- Lavender/Pink top vacutainer with EDTA anticoagulant

<b>Sample Acceptability (Versiti Michigan)</b>		
<b>TEST</b>	<b>SAMPLE REQUIREMENTS</b>	<b>STORE and SHIP</b>
HLA Typing	6mL EDTA (lavender top) <b>or</b> ACD Solution B <b>or</b> 6 buccal swabs if white cell count <1.0	Room temperature
Antibody ID (High Res SAB)	<b>Serum separator tubes not acceptable</b>  6mL Clot* (red top) <b>or</b> 6mL EDTA* (lavender top) * Blood may be spun and only serum / plasma submitted.	Room Temperature or Refrigerated (2 - 8°C) up to 24 hours  Separated Serum or Plasma within 24 hours and Refrigerated (2 - 8°C): 7 days (separated plasma) or 14 days (separated serum)

<b>Sample Acceptability (Versiti Wisconsin)</b>		
<b>TEST</b>	<b>SAMPLE REQUIREMENTS</b>	<b>STORE and SHIP</b>
HLA High Resolution (A,B,C, 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