



HLA-DNA TEST ORDER FORM

Versiti Indiana, Inc/ 3450 N. Meridian St. Indianapolis, IN 46208
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 CLIA# 15D2084361 • ASHI # 08-4-IN-06-1

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**

XM PLATELET <input type="checkbox"/>	PRODUCT REQUIREMENT	COMMENTS / SPECIAL REQUESTS (e.g., HPA Negative):
HLA MATCHED PLATELET <input type="checkbox"/>	CMV NEG YES <input type="checkbox"/> NO <input type="checkbox"/>	
HLA MATCHED / XM PLATELET <input type="checkbox"/>	VERSITI IRRADIATE?	
NO PRODUCT AT THIS TIME <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
NUMBER OF UNITS PER DAY:	DATE(S) OF GIVE: _____, _____, _____, _____, _____, _____, _____	

HLA Testing is performed Monday-Friday only. Please call for special testing 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 drawn every 7 days is required for continuous SPRCA crossmatch support. 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
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CRYOPRESERVATION

Parathyroid Tissue Cryopreservation	C, D
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TRALI INVESTIGATION (For questions or to initiate an investigation, consult the Versiti Indiana Donor Management at (317) 916-5101.)

TRALI Investigation Please include information on involved units using the <i>Recipient Adverse Event Investigation Hospital Report</i> form.	B or E
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NEONATAL ALLOIMMUNE THROMBOCYTOPENIA (NAIT) PANEL (Send out testing performed by Versiti Wisconsin, Inc.)

- * For postnatal investigations, complete the above PATIENT INFORMATION with baby's information
- * For prenatal requests, complete the above PATIENT INFORMATION with the mother's information

Initial testing of Maternal sample with Paternal Sample Mother's Name: _____ DOB _____ Father's Name: _____ DOB _____	Mother: F, G Father: F
Initial testing of Maternal sample ONLY Mother's Name _____ DOB _____	F, G

ANTIBODY MONITORING

Specify Reason (e.g., maternal antibody, post-transplant donor specific antibody): _____	G
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SPECIMEN REQUIREMENTS

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