

Texas Medical Specialty, Inc.
7777 Forest Lane Bldg. C, Suite 768
Dallas, Texas 75230
Phone: 972-566-8478
Fax: 972-566-4546

Transplant Immunology HLA REQUEST

Patient/Donor Information (circle one)

Name:
ID or SS#:
D.O.B.
Name of Recipient:
Race:
Relation to Recipient (if donor):

Date Received: Lab #: <small>for lab use only</small>
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Requesting Information

Requesting Physician: _____
Date Requested: _____
Date / Location Collected: _____

Specimen Source: Blood, Buccal Swabs, Bone Marrow, Apheresis Products, Cord Blood

Test Requested:

- | | |
|---|---|
| <input type="radio"/> Peripheral CD34 (Flow Cytometry) | <input type="radio"/> HLA-ABC Low Res (Molecular) |
| <input type="radio"/> CD3/4/8 Enumeration (Flow Cytometry) | <input type="radio"/> HLA-ABC High Res (Molecular) |
| <input type="radio"/> KIR Typing (Molecular) | <input type="radio"/> HLA-DR, DQ High Res (Molecular) |
| <input type="radio"/> Antibody Identification PRA | <input type="radio"/> HLA-DR, DQ, DP High Res (Molecular) |
| <input type="radio"/> Crossmatch | <input type="radio"/> HLA-ABDR-CT (confirmatory Typing) |
| <input type="radio"/> Engraftment (STR) Donor: _____ | Fractionated/Non-fractionated |
| <input type="radio"/> Freeze & Store | (circle one) |

INSTRUCTIONS:

Please include name and D.O.B

For ALL HLA and KIR typing please draw 2 yellow-top (ACD-A) tubes.
For ALL Antibody Screening (Monthly PRA'S) please draw 1 red top (No Additives) tube.
For CD34's please draw 1 purple top (EDTA) tube.
For STR's non-fractionated please draw 1 purple top (EDTA) tube.
For STR's fractionated please draw 2 yellow (ACD-A) tubes.
Please properly label each tube with the donor's name, date, time and initials of person collecting blood.

Please mail to the HLA lab at Texas Medical Specialty, Inc.
Transplant/Immunology
7777 Forest Lane Bldg. C, Suite 768
Dallas, TX 75230
Please Send This Request with Specimen
