



## IMMUNOGENETICS LABORATORY TRANSPLANT SERVICES

### ORGAN TRANSPLANT CANDIDATE

- HLA-A, -B, -C, -DR, -DQ and -DP (81370)
- ABO Blood Group Confirmation (86900)
- HLA antibody screen I and II (86828)
- HLA antibody identification I and II (86830, 86831)

**Specimen Requirements:** 2 yellow-top ACD tubes, 1 red top tube;  
 Ambient temperature

TRANSFUSIONS	<input type="checkbox"/> NO <input type="checkbox"/> YES	DATE
PREGNANCIES	<input type="checkbox"/> NO <input type="checkbox"/> YES	NUMBER
PREV. TRANSPLANT	<input type="checkbox"/> NO <input type="checkbox"/> YES	DATE

- Living Donor – Pre-Transplant Sample for Archive
  - Living Donor Evaluation
    - HLA-A, -B, -C, -DR, -DQ and -DP (81370)
    - ABO Blood Group Confirmation (86900)
    - Flow Cytometric Crossmatch – preliminary (86825)
  - Flow Cytometric Crossmatch – final (86825)
- Specimen Requirements:** 2 yellow-top ACD tubes, 1 red top tube (donor);  
 1 red-top tube (recipient); Ambient temperature

INTENDED RECIPIENT
RECIPIENT IDENTIFIER NUMBER
RELATIONSHIP TO RECIPIENT

- Pre-Transplant Antibody Monitoring
    - Monthly HLA antibody and PRA (86828, 86830, or 86831)
    - Reflex to single antigen analysis if necessary (86832, 86833)
- Specimen Requirements:** 1 red-top tube; Ambient temperature

TRANSFUSIONS	<input type="checkbox"/> NO <input type="checkbox"/> YES	DATE
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- Donor-Specific Antibody (DSA) (86832, 86833)
    - Class I individual antigen quantitation (86832)
    - Class II individual antigen quantitation (86833)
- Specimen Requirements:** 1 red-top tube; Ambient temperature

IVIG	<input type="checkbox"/> NO <input type="checkbox"/> YES	DATE
OTHER RX	<input type="checkbox"/> NO <input type="checkbox"/> YES	NAME
TPE	<input type="checkbox"/> NO <input type="checkbox"/> YES	DATE

LABORATORY STAFFED FOR QUESTIONS 8 A.M. – 5 P.M. MONDAY - FRIDAY

### PATIENT / SAMPLE INFORMATION

SAMPLE DATE \_\_\_\_\_ TIME \_\_\_\_\_  AM  PM

#### PATIENT INFORMATION MUST MATCH EXACTLY THE SAMPLE LABEL

PATIENT LAST NAME \_\_\_\_\_

PATIENT FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DOB \_\_\_\_\_ SEX  MALE  FEMALE

### REQUESTOR INFORMATION

REQUESTOR NAME \_\_\_\_\_

COMPANY/ORG NAME \_\_\_\_\_

PROVIDER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_

FAX/EMAIL REPORT TO \_\_\_\_\_

#### STORAGE:

- Label specimen with patient's name, DOB, MR Number, and date/time of collection
- Complete requisition form with required information
- Ship samples at room temperature (do not refrigerate or freeze)

#### STABILITY:

- Specimen viability decreases with time
- Samples are stable at ambient temperature, should be tested within 72 hours of collection for most tests

#### SHIPPING:

- **Local Clients:** Call 716-566-7000 for courier pickup. Sample will be retrieved within 1 business day
- **Non-Local Clients:** Ship sample by overnight courier. Check Saturday delivery option if applicable