



IMMUNOGENETICS CENTER REQUISITION

Department of Pathology and Lab Medicine / Immunogenetics Center

Elaine F. Reed, Ph.D., D(ABHI), Director

Qiuheng (Jennifer) Zhang, Ph.D., D(ABHI), Associate Director

PATIENT/DONOR INFORMATION			
NAME (LAST, FIRST, MIDDLE)		ETHNICITY:	
PATIENT/DONOR ID #:		PATIENT SOCIAL SECURITY #:	
DATE OF BIRTH:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ICD-10 Code: Medical Necessity for the test(s) requested must be indicated by ICD-10 codes:	
PHYSICIAN'S NAME (LAST, FIRST, INITIAL):		PHYSICIAN'S SIGNATURE:	
ADDRESS (STREET, CITY, STATE, ZIP):		PHYSICIAN'S PHONE#:	PHYSICIAN'S ID#:
SEND BILL TO (NOTE: WE DO NOT BILL INDIVIDUALS OR INSURANCE) :			
PHYSICIAN/CLIENT NAME (LAST, FIRST, INITIAL):			
PHYSICIAN/CLIENT ADDRESS (STREET, CITY STATE, ZIP):			

UIC# (LAB USE ONLY)		CENTER #:
SPECIMEN INFORMATION		
<input type="checkbox"/> BLOOD	<input type="checkbox"/> LYMPH NODE	<input type="checkbox"/> SPLEEN
<input type="checkbox"/> OTHER: _____		
COLLECTION DATE:	TIME:	BY:
<input type="checkbox"/> RESULTS URGENT		
FAX RESULTS TO PHONE #:		ORDERED BY (NAME/PHONE#):
SEND RESULTS TO (NAME, ADDRESS, CITY, STATE, ZIP):		

Note: Patient informed consent must be obtained for all diagnostic genetic testing

DIRECTIONS:	SPECIMEN TYPE	SEND SPECIMENS TO:
DO NOT REFRIGERATE BLOOD Samples should be sent immediately after drawing, to be received within 24hrs.	DNA Testing: 10 mL ACD (yellow top) Allo Crossmatch: 10 mL red top (patient), 6x10 mL ACD (donor)	UCLA Immunogenetics Center 1000 Veteran Avenue (Room 1-308) Los Angeles, CA 90095 Ph: 310-206-0258 Fax: 310-794-5652
	Antibody Screen: 10 mL red top Auto Crossmatch: 10 ml red top, 6x10 mL ACD (patient)	

PATIENT INFORMATION HISTORY	IF ENCLOSED SAMPLE IS FROM A DONOR:
<input type="checkbox"/> PATIENT <input type="checkbox"/> DONOR BLOOD GROUP: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB TRANSPLANT TYPE: <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> SM Bowel <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Other _____	DISEASE: DATE OF PATIENTS LAST TRANSFUSION: Drug therapy: ___ rituximab ___ thymoglobulin ___ IVIG ___ campath other: _____
RECIPIENT'S NAME:	
RECIPIENT DOB / MRN:	
RELATIONSHIP OF DONOR TO RECIPIENT:	
<input type="checkbox"/> PRE-TRANSPLANT TESTS <input type="checkbox"/> POST-TRANSPLANT TESTS (TRANSPLANT DATE: ___/___/___ DONOR NAME / UNOS ID: _____)	

MOLECULAR TYPING		
<input type="checkbox"/>	210075	HLA-A, B, C, DRB1 3/4/5, DQA1, DQB1, DPA1, DPB1 (Intermediate resolution)
<input type="checkbox"/>	211016	HLA-A (Intermediate resolution)
<input type="checkbox"/>	211017	HLA-B (Intermediate resolution)
<input type="checkbox"/>	211018	HLA-C (Intermediate resolution)
<input type="checkbox"/>	210014	HLA-A,B (Intermediate resolution)
<input type="checkbox"/>	210015	HLA-A,B,C (Intermediate resolution)
<input type="checkbox"/>	210074	HLA-DRB1 3/4/5, DQA1, DQB1, DPA1, DPB1 (Intermediate Res)
<input type="checkbox"/>	210011	HLA-DRB1,3/4/5 DQB1 (Intermediate resolution)
<input type="checkbox"/>	210038	HLA-DRB1, DQB1 (Intermediate resolution)
<input type="checkbox"/>	211046	HLA-DRB1 (Intermediate resolution)
<input type="checkbox"/>	210012	HLA-DRB1,3/4/5 (Intermediate resolution)
<input type="checkbox"/>	211013	HLA-DQB1 (Intermediate resolution)
<input type="checkbox"/>	211049	HLA-DQA1 (Intermediate resolution)
<input type="checkbox"/>	211042	HLA-DPB1 (Intermediate resolution)
<input type="checkbox"/>	211076	HLA-DPA1 (Intermediate resolution)
<input type="checkbox"/>	220027	HLA-A (High. resolution)
<input type="checkbox"/>	220028	HLA-B (High. resolution)
<input type="checkbox"/>	220029	HLA-C (High. resolution)
<input type="checkbox"/>	220019	HLA-DRB1 (High resolution)
<input type="checkbox"/>	220022	HLA-DRB3/4/5 (High resolution)
<input type="checkbox"/>	220020	HLA-DQB1 (High resolution)
<input type="checkbox"/>	220023	HLA-DQA1 (High resolution)
<input type="checkbox"/>	220047	HLA-DPB1 (High resolution)
<input type="checkbox"/>	220077	HLA-DPA1 (High resolution)
<input type="checkbox"/>	240057	KIR genotype
<input type="checkbox"/>	250055	MICA genotype
<input type="checkbox"/>	220024	HLA-A2 subtype (High resolution)
<input type="checkbox"/>	210035	HLA-B27
<input type="checkbox"/>	220065	HLA-B*1502
<input type="checkbox"/>	220064	HLA-B*5701

MOLECULAR TYPING		
<input type="checkbox"/>	210025	Narcolepsy – HLA-DRB1, DQB1 typing
<input type="checkbox"/>	210036	Celiac Genetics - HLA typing
<input type="checkbox"/>	OTHER	
ANTIBODY IDENTIFICATION		
<input type="checkbox"/>	110004	Cytotoxic antibodies (PRA + specificity)
<input type="checkbox"/>	120031	Flow PRA + ID Class I – Routine
<input type="checkbox"/>	120032	Flow PRA + ID, Class II – Routine
<input type="checkbox"/>	310033	Single antigen antibody ID, Class I <input type="checkbox"/> STAT
<input type="checkbox"/>	310034	Single antigen antibody ID, Class II <input type="checkbox"/> STAT
<input type="checkbox"/>	310075	Single Antigen Antibody ID, Class I and Class II <input type="checkbox"/> STAT
<input type="checkbox"/>	313033	C1q - Single Antigen Antibody ID, Class I
<input type="checkbox"/>	314034	C1q - Single Antigen Antibody ID, Class II
<input type="checkbox"/>	315033	Single Antigen Antibody ID Titration, Class I
<input type="checkbox"/>	316034	Single Antigen Antibody ID Titration, Class II
<input type="checkbox"/>	310056	MICA antibody
<input type="checkbox"/>	310079	Anti-Angiotensin Type 1 Receptors (AT1R)
<input type="checkbox"/>	OTHER	
CROSSMATCH		
<input type="checkbox"/> AUTO	<input type="checkbox"/> ALLO	<input type="checkbox"/> STAT
<input type="checkbox"/>	410003	T- & B-cell crossmatch (cytotoxic)
<input type="checkbox"/>	420008	T- & B-cell Flow crossmatch
<input type="checkbox"/>	420053	T&B cell Flow crossmatch with Pronase
<input type="checkbox"/>	410040	T&B-cell Cytotoxic crossmatch with Antibody Titer
<input type="checkbox"/>	420041	T&B-cell Flow crossmatch Antibody Titer
<input type="checkbox"/>	420060	Endothelial Cell Crossmatch
<input type="checkbox"/>	420068	Donor Specific Precursor Endothelial Cell Crossmatch (XM-One)
ENGRAFTMENT MONITORING		
<input type="checkbox"/>	240180	Pre-Transplant: Comparative Analysis (STR) Recipient and 1st Donor
<input type="checkbox"/>	240280	Pre-Transplant Additional Donor
<input type="checkbox"/>	240081	Post-Transplant No Cell Selection
ADDITIONAL TESTING		
<input type="checkbox"/>	OTHER	
<input type="checkbox"/>	OTHER	