

Patient Information	Patient Family Member
Patient Last Name: _____	Donor Last Name: _____
Patient First Name: _____ MI: _____	Donor First Name: _____ MI: _____
DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N/A	DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N/A
MRN: _____ Diagnosis: _____	Relationship to Patient: _____
Sample Type(mark one): <input type="checkbox"/> Blood <input type="checkbox"/> Buccal Swabs	Sample Type(mark one): <input type="checkbox"/> Blood <input type="checkbox"/> Buccal Swabs
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other(specify): _____
Sample Collection Date: _____	Sample Collection Date: _____

Submitting Institution	Billing Information
Institution: _____	Institution: _____
Financial Contact: _____	Financial Contact: _____
Address Line 1: _____	Address Line 1: _____
Address Line 2: _____	Address Line 2: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

Test Request																																	
HLA Typing	Disease Association/ Drug Sensitivity Testing	Antibody Services	Other Services																														
<p>Single Locus:</p> <table border="1"> <thead> <tr> <th></th> <th>High resolution</th> <th>Intermediate resolution</th> </tr> </thead> <tbody> <tr><td>HLA-A</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>HLA-B</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>HLA-C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>HLA-DPB1</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>HLA-DQB1</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>HLA-DRB1</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>HLA-DRB3/4/5</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>HLA-DQA</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>HLA-DPA</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> <p>High Resolution Combinations:</p> <p><input type="checkbox"/> A, B, C, DRB1, DQB1</p> <p><input type="checkbox"/> A, B, C, DRB1, DQB1, DPB1</p> <p><input type="checkbox"/> A, B, C, DRB1,3,4,5, DQB1, DPB1</p> <p>Intermediate Resolution Combinations:</p> <p><input type="checkbox"/> A, B, DRB1</p> <p><input type="checkbox"/> A, B, C, DRB1</p> <p><input type="checkbox"/> A, B, C, DRB1, DQB1</p> <p>Verification Testing:</p> <p><input type="checkbox"/> Verification-IR A,B,DRB1</p> <p><input type="checkbox"/> Verification-IR A,B,C, DRB1</p>		High resolution	Intermediate resolution	HLA-A	<input type="checkbox"/>	<input type="checkbox"/>	HLA-B	<input type="checkbox"/>	<input type="checkbox"/>	HLA-C	<input type="checkbox"/>	<input type="checkbox"/>	HLA-DPB1	<input type="checkbox"/>	<input type="checkbox"/>	HLA-DQB1	<input type="checkbox"/>	<input type="checkbox"/>	HLA-DRB1	<input type="checkbox"/>	<input type="checkbox"/>	HLA-DRB3/4/5	<input type="checkbox"/>	<input type="checkbox"/>	HLA-DQA	<input type="checkbox"/>	<input type="checkbox"/>	HLA-DPA	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> Ankylosing Spondylitis:</p> <p><input type="checkbox"/> HLA-B27 Screening</p> <p><input type="checkbox"/> HLA-B*27:02, 27:04, 27:05 Reflex</p> <p><input type="checkbox"/> Narcolepsy:</p> <p><input type="checkbox"/> HLA-DR2/DQ1 Screening</p> <p><input type="checkbox"/> HLA-DQB1*06:02/DRB1*15:01 Reflex</p> <p><input type="checkbox"/> Celiac Disease:</p> <p><input type="checkbox"/> HLA-DQ2/DQ8 Screening</p> <p><input type="checkbox"/> DQA Screening</p> <p><input type="checkbox"/> Other HLA-associated diseases (please specify):</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Drug Sensitivity:</p> <p><input type="checkbox"/> Abacavir - HLA-B*57:01</p> <p><input type="checkbox"/> Carbamazepine - HLA-B*15:02</p> <p><input type="checkbox"/> Allopurinol - HLA-B*58:01</p> <p><input type="checkbox"/> Other Drug (please specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> HLA Class-I Antibody Screen</p> <p><input type="checkbox"/> HLA Class-II Antibody Screen</p> <p><input type="checkbox"/> HLA Class-I Antibody ID</p> <p><input type="checkbox"/> HLA Class-II Antibody ID</p> <p>TRALI Investigation Workup:</p> <p><input type="checkbox"/> TRALI HLA / HNA Antibody Screening</p> <p><input type="checkbox"/> TRALI HLA Antibody Screening</p> <p><input type="checkbox"/> TRALI HLA Antibody ID</p> <p>Engraftment (chimerism)</p> <p><input type="checkbox"/> Engraftment Quantitative by STR</p> <p><input type="checkbox"/> Bone Marrow</p> <p><input type="checkbox"/> Whole Blood</p> <p><input type="checkbox"/> Engraftment Quantitative and Differentiated by STR</p> <p><input type="checkbox"/> CD3 (T cells)</p> <p><input type="checkbox"/> CD33 (neutrophils)</p> <p><input type="checkbox"/> Other:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> ABO</p> <p><input type="checkbox"/> Rh</p> <p><input type="checkbox"/> Other Test (please specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Requested Turnaround time</p> <p><input type="checkbox"/> Routine</p> <p><input type="checkbox"/> STAT</p> <p><input type="checkbox"/> 2-day</p> <p><input type="checkbox"/> 24-hour</p>
	High resolution	Intermediate resolution																															
HLA-A	<input type="checkbox"/>	<input type="checkbox"/>																															
HLA-B	<input type="checkbox"/>	<input type="checkbox"/>																															
HLA-C	<input type="checkbox"/>	<input type="checkbox"/>																															
HLA-DPB1	<input type="checkbox"/>	<input type="checkbox"/>																															
HLA-DQB1	<input type="checkbox"/>	<input type="checkbox"/>																															
HLA-DRB1	<input type="checkbox"/>	<input type="checkbox"/>																															
HLA-DRB3/4/5	<input type="checkbox"/>	<input type="checkbox"/>																															
HLA-DQA	<input type="checkbox"/>	<input type="checkbox"/>																															
HLA-DPA	<input type="checkbox"/>	<input type="checkbox"/>																															