



IMMUNOGENETICS CENTER REQUISITION
Department of Pathology and Lab Medicine / Immunogenetics Center

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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 REQUIRED :	
PHYSICIAN'S NAME (LAST, FIRST, MIDDLE):		PHYSICIAN SIGNATURE:
PHYSICIAN'S ADDRESS:	PHYSICIAN'S PHONE #	PHYSICIAN'S ID#:
SEND BILL TO: PLEASE NOTE WE DO NOT BILL INDIVIDUALS OR INSURANCE		
PHYSICIAN CLIENT NAME (LAST, FIRST, MIDDLE):		
PHYSICIAN CLIENT ADDRESS:		

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:	COLLECTED BY:
<input type="checkbox"/> RESULTS URGENT		
FAX RESULTS TO PHONE#:	ORDERED BY (NAME/PHONE#):	
SEND RESULTS TO (NAME AND ADDRESS):		

DIRECTIONS:	SPECIMEN TYPE:	SEND SPECIMENS TOO:
DO NOT REFRIGERATE BLOOD Samples should be sent immediately after drawing, to be received within 24 hrs.	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#: 310-825-7651 Fax: 310-794-5652
	Antibody Screen: 10 ml Red top Auto Crossmatch: 10 ml Red top, 6x10 ml ACD (patient)	

PATIENT 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 _____	RECIPIENT'S NAME: RECIPIENT DOB / MRN: RELATIONSHIP OF DONOR TO RECIPIENT: _____ SELECTED DONOR: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PRE-TRANSPLANT TESTS <input type="checkbox"/> POST-TRANSPLANT TESTS (TRANSPLANT DATE: / /) <input type="checkbox"/> DONOR NAME / UNOS ID: _____	

MOLECULAR TYPING					
<input type="checkbox"/>	210075	HLA-A, B, C, DRB1,3,4,5, DQB1, DQA1, DPA1, (Intermediate resolution)	<input type="checkbox"/>	220064	HLA-B*5701
<input type="checkbox"/>	211016	HLA-A (Intermediate resolution)	<input type="checkbox"/>	210025	Narcolepsy – HLA-DRB1, DQB1 typing
<input type="checkbox"/>	211017	HLA-B (Intermediate resolution)	<input type="checkbox"/>	220078	HLA-B*5801
<input type="checkbox"/>	211018	HLA-C (Intermediate resolution)	<input type="checkbox"/>	240057	KIR Genotype
<input type="checkbox"/>	200002	HLA-DPA1, DPB1 (Intermediate resolution)	<input type="checkbox"/>	250055	MICA Genotype
<input type="checkbox"/>	200003	HLA-DQA1, DQB1 (Intermediate resolution)	<input type="checkbox"/>	220024	HLA-A2 Subtyping DNA (High Resolution)
<input type="checkbox"/>	210012	HLA-DRB1,3,4,5 (Intermediate resolution)	<input type="checkbox"/>	220019	HLA-DRB1 (High Resolution)
<input type="checkbox"/>	920001	HLA Class I and Class II High resolution Typing by NGS Hematopoietic Stem Cell Transplant	<input type="checkbox"/>	210036	Celiac Genetics
<input type="checkbox"/>	920001	HLA Class I and Class II High resolution Typing by NGS non -Hematopoietic Stem Cell Transplant	<input type="checkbox"/>	210035	HLA-B27
<input type="checkbox"/>	210067	HLA-A, B, C, DRB1 Intermediate resolution confirmatory typing	<input type="checkbox"/>	220065	HLA-B*1502

ANTIBODY IDENTIFICATION					
<input type="checkbox"/>	120075	Flow PRA+ID Class I and II	<input type="checkbox"/>	315033	Single Antigen-Antibody ID Titration, Class I
<input type="checkbox"/>	310075	Single Antigen-Antibody ID, Class I and II	<input type="checkbox"/>	316034	Single Antigen-Antibody ID Titration, Class II
<input type="checkbox"/>	313033	Single Antigen ID C1q, Class I	<input type="checkbox"/>	310056	MICA Antibody
<input type="checkbox"/>	314034	Single Antigen ID C1q, Class II	<input type="checkbox"/>	310079	Anti-Angiotensin Type 1 Receptors (AT1R)

CROSSMATCH					
<input type="checkbox"/>	410003	T&B-Cell Cytotoxic Crossmatch	<input type="checkbox"/>	420008	T&B-Cell Flow Crossmatch
<input type="checkbox"/>	420053	T&B-Cell Flow Crossmatch with Pronase	<input type="checkbox"/>	420060	Endothelial Cell Crossmatch Please send HLA Single Antigen-antibody test results with MFI (If no MFI is provided, please order T.C. 310075)

ENGRAFTMENT MONITORING TEST					
<input type="checkbox"/>	240001	Engraftment: Pre-Transplant Comparative Analysis (STR)- Recipient and 1st Donor Engraftment: Pre-Transplant, Each Additional Donor Engraftment Analysis: Post Transplant without Cell Selection Engraftment Analysis: Post Transplant CD3 Cell Selection Engraftment Analysis: Post Transplant CD19 Cell Selection Engraftment Analysis: Post Transplant CD56 Cell Selection Engraftment Analysis: Post Transplant CD33 Cell Selection	<input type="checkbox"/>	240280	Engraftment: Pre-Transplant, Each Additional Donor
			<input type="checkbox"/>	240081	Engraftment Analysis: Post Transplant without Cell Selection
			<input type="checkbox"/>	240082	Engraftment Analysis: Post Transplant CD3 Cell Selection
			<input type="checkbox"/>	240083	Engraftment Analysis: Post Transplant CD19 Cell Selection
			<input type="checkbox"/>	240084	Engraftment Analysis: Post Transplant CD56 Cell Selection
			<input type="checkbox"/>	240085	Engraftment Analysis: Post Transplant CD33 Cell Selection