ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Transplant Laboratory Requisition

(Connect Care Downtime or Out of Province use only)

Refer to the Laboratory Services Test Directory available at: www.albertahealthservices.ca/Lab

Scanning Label or Accession # *(lab only)*

Patient

PHN Expiry: _____		Date of Birth *(dd-Mon-yyyy)*		
Legal Last Name		Legal First Name	Middle Name	
Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone	
Address		City/Town	Prov	Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*			Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Address		Phone	Address	Address
CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
Clinic Name			Clinic Name	Clinic Name

Collection

Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID	

Solid Organ Transplant program following patient ☐ Edmonton ☐ Calgary ☐ Not applicable

Clinical Information/Comments

Solid Organ Recipients

If applicable complete Donor demographics.

Drug therapy **MUST** be provided for all antibody and crossmatch requests *(check all that apply)*

☐ Thymoglobulin ☐ Rituximab
☐ Alemtuzumab ☐ IVIG
☐ Other _____
Date(s) of therapy _____

☐ HLA Antibody Screening
Type of Organ _____
New transplant workup? ☐ Yes ☐ No
Previous Transplants ☐ Yes ☐ No
If yes, date(s) _____
☐ Pre-transplant
If pre-transplant: transfused since last antibody testing? ☐ Yes ☐ No
Date of transfusion _____
☐ Post-transplant testing
☐ Graft Dysfunction *(specify below)*
☐ Biopsy rejection proven
☐ Biopsy rejection not proven
☐ Biopsy Pending Date _____
☐ Known DSA
☐ Post Transplant Monitoring
☐ Routine Scheduled Biopsy
☐ Store Only

☐ HLA Typing - Solid Organ
Type of Organ _____

☐ HLA Crossmatch - Recipient
Is this a living donor crossmatch?
☐ Yes ☐ No
☐ Initial crossmatch ☐ Final crossmatch
Transplant date _____

☐ Virtual HLA Crossmatch - Recipient

Solid Organ Living Donor

☐ HLA Crossmatch ☐ Virtual HLA Crossmatch
Type of organ _____
Connect Care Donor ID _____
Recipient Name _____
Recipient ULI/MRN _____

☐ HLA Typing - Solid Organ
Type of organ _____

Solid Organ Deceased Donor

For distant donor, HLA and ABO typing MUST be forwarded to the lab.

Type of Organ(s) _____
Connect Care Donor ID _____
Anonymous Donor ID _____
CTD _____
☐ Deceased Donor HLA Typing
Blood Group (ABO) _____
Sensitization History _____
☐ Deceased Donor Tissue
Specimen source _____

Bone Marrow and HSCT Recipient

☐ HSCT - HLA Antibody Investigation
☐ Bone Marrow Recipient - HLA Typing (Buccal)
☐ Bone Marrow Recipient - High-Res HLA typing
☐ Bone Marrow Recipient - Verification HLA typing

Bone Marrow and HSCT Donors

Recipient Name _____
MRN _____
☐ Bone Marrow Donor HLA Typing - Unrelated (MUD)
☐ Bone Marrow Donor HLA Typing - Sibling
☐ Bone Marrow Donor HLA Typing - Non-sibling
☐ Bone Marrow Donor - Verification HLA typing

Disease Associations/Pharmacogenomics

Indicate the specific disease association requiring HLA-typing.

☐ Ankylosing Spondylitis (B27)
☐ Birdshot Retinopathy (A29)
☐ Behcet Disease (B51)
☐ Uveitis *(other than Birdshot)* (A29/B27/B51)
☐ Autoimmune Hepatitis
☐ Celiac (DQ2/DQ8)
☐ Narcolepsy (DQB1*06:02)
☐ Other _____

Indicate the specific pharmacogenomic query requiring HLA-typing.

☐ Abacavir (B*57:01)
☐ Allopurinol (B*58:01)
☐ Carbamazepine (A*31:01 and B*15:02)
☐ Tebentafusp (A*02:01)
☐ Other _____
(disease, loci, and journal reference required)

Platelets

Clinical History _____

☐ Refractory to Platelets - HLA Investigation
What is the 1-hour post transfusion platelet count? _____

☐ Fetal/Neonatal Alloimmune Thrombocytopenia Investigation

☐ HPA Genotyping
Is this a paternal sample? ☐ Yes ☐ No
If yes, associated maternal ULI
_____