Histocompatibility Requisition

LABORATORY MEDICINE AND PATHOLOGY
Client Response Centre 780-407-7484
CAPITAL HEALTH REGION LABORATORIES
*DynaLIFE*DX DIAGNOSTIC LABORATORY SERVICES

Accession #

Chart #

Lab #

Specimen Event Type
IA ☐ AUXILLARY
IP ☐ IN PT
OP ☐ OUT PT
AP ☐ AMBUL
HC ☐ HMCARE
ST ☐ STAFF
EN ☐ ENVIRON
WCB ☐ WORKER'S COMP

Bill Type CPL ☐ Alberta Health Care
CCO ☐ Capital Health Company
CO ☐ Company XX ☐ Pre-paid
OT ☐ Out of Province PB ☐ Patient Bill
Co. name ______
Address ______
Client # ______

Patient

PHN	Alternate Identifier		Date of Birth *(yyyy-Mon-dd)*	
Last Name	First Name	Middle	Gender ☐ M ☐ F	Phone
Address	City/Town	Province	Postal Code	Location

Requestor(s)

Requestor Name *(last, first)*	Copy to Name *(last, first)*	Copy to Name *(last, first)*
Location/Facility/Address	Location/Facility/Address	Location/Facility/Address
Phone	Phone	Phone
Healthcare Provider ID	Healthcare Provider ID	Healthcare Provider ID

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

Client Information

Transplant Recipients / Donors

NOTE: For all Antibody Screening and Crossmatching:
if drug therapy given, indicate drug:
☐ Thymoglobulin ☐ Rituximab
☐ Alemtuzumab ☐ IVIG
Other (specify) ______
Date(s) of therapy ______
______

HLA Antibody Screening
Incomplete information may result in sample being stored and not tested.
SSTO ☐ Serum storage only
LAS ☐ Routine HLA Antibody Screen
Transfusions ☐ Yes ☐ No
If yes, date(s) ______
______
Previous Transplants ☐ Yes ☐ No
If yes, date(s) ______
______
LAS ☐ Graft Dysfunction TX
Biopsy proven rejection ☐ Yes ☐ No ☐ Pending
LAS ☐ Post Tx Testing with known DSA
Indicate date(s) of known DSA
______
______

Crossmatches

All routine crossmatches MUST be booked with LDS 780-407-8698. The HLA Lab must be informed of any STAT crossmatches.

Relationship of donor to recipient
(if spouse/partner, indicate any previous pregnancies with potential donor)
______

If donor, name of recipient: ______
ULI of recipient: ______
TBXM ☐ T / B crossmatch
RTX ☐ T / B crossmatch
(Renal pre-deceased donor only)

HLA Typing

HLA Typing for Transplant
HLAAD ☐ HLA Class I / II (ABC, DRB1, DR345, DQA/B, DPA/B)
Recipient / Donor (circle)

Disease Association

Please note many disease associations with HLA antigens are weak. Results can be used to support diagnosis but should be used in conjunction with other clinical diagnostic criteria.
HLAAD ☐ HLA Typing
Name of locus/allele requested:
______
Note: Final locus typed will be decided by HLA Lab. Sample will be stored and not tested if clinical information is not supplied)
Name of disease ______
Specify HLA antigen(s) associated with disease
______
Contact info of requesting physician
______
______
______

Drug Sensitivity

B5701 ☐ HLA B*57:01
Note: Abacavir Hypersensitivity
Other ☐ Indicate disease and name of locus/allele to be tested
______
______

Platelets

For ALL indications, provide clinical history and current platelet count
______
______
______
PLTRE ☐ Refractory to platelet transfusion – *ensure a valid 1-hour post-transfusion platelet count has been obtained*
PLTNA ☐ Neonatal alloimmune thrombocytopenia (NAIT)
PLTPT ☐ Post-transfusion purpura (PTP)

Deceased Donor Request (HOPE)

Name of HOPE Co-ordinator
______
Donor DDD# ______
DOB *(yyyy-Mon-dd)* ______
Type and number of Transfusions
______
Blood group (ABO) ______
Please indicate race for HLA Typing purposes:
☐ Aboriginal ☐ Black
☐ Asian ☐ Caucasian
☐ Other *(specify)*
HLACD ☐ HLA Typing (Local Deceased Donor)
HLASP ☐ Retrieval Specimen
Specimen Type
☐ spleen ☐ node ☐ blood
Potential recipients must be indicated, if known:

Organ	**Recipient Name and ULI**
☐ Kidney	______
☐ Kidney	______
☐ Kidney / pancreas	______
☐ Islet cell	______
☐ Liver	______
☐ Heart	______
☐ Lung	______
☐ Lung	______
☐ Small Bowel	______

HLA Typing (if typed elsewhere)
______
______
______

Transfusion Reactions

HLAM ☐ TRALI

HLA Laboratory hours Monday - Friday (excluding stat holidays) 7 am - 11:15 pm. Telephone 780-407-8881.
Please ensure the Histocompatibility Requisition accompanies the specimen(s) collected.