

HISTOCOMPATIBILITY AND IMMUNOGENETICS (HIL)/TISSUE TYPING REQUISITION



Alberta Health Care card AND one other form of government issued identification MUST be presented at each visit

Patient	PHN		Alternate Identifier		Date of Birth (yyyy-mm-dd)	
	Last Name		First Name		Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Address		City/Town		Prov	Postal Code
Requestor(s)	Requestor Name (last,first)		Copy to (last,first)		Copy to (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-mm-dd)		Time	Location		Collector ID

PATIENT INFORMATION & TEST REQUISITION MUST BE COMPLETED TO ENSURE ACCURATE TESTING & INTERPRETATION

DISEASE ASSOCIATION AND PHARMACOGENOMICS

DISEASE ASSOCIATION:		Specimen Requirements
<input type="checkbox"/> HLAA29	A29 for Birdshot/Uveitis includes: • HLA-A medium resolution	1 x 8.5 mL ACD-A tube
<input type="checkbox"/> HLAB27DNA	B27 for Ankylosing Spondylitis includes: • HLA-B medium resolution	1 x 8.5 mL ACD-A tube
<input type="checkbox"/> HLAB51	B51 for Behcet Disease includes: • HLA-B medium resolution	1 x 8.5 mL ACD-A tube
<input type="checkbox"/> HLADQ2DQ8	DQ2/DQ8 for Celiac Disease includes: • HLA-DQA1 and DQB1 medium resolution	1 x 8.5 mL ACD-A tube
<input type="checkbox"/> HLADQ6	DQB1*06:02 for Narcolepsy includes: • HLA-DR, DQA1, and DQB1 medium resolution • HLADQB1*06 high resolution, if present	1 x 8.5 mL ACD-A tube

PHARMACOGENOMICS:		Specimen Requirements
<input type="checkbox"/> HLAB5701	B*57:01 Abacavir Hypersensitivity includes: • HLA-B medium resolution • HLA-B*57 high resolution, if present	1 x 8.5 mL ACD-A tube
<input type="checkbox"/> HLAB1502	B*15:02 for Carbamazepine Hypersensitivity/SJS (Asians) includes: • HLA-B*15 high resolution	1 x 8.5 mL ACD-A tube
<input type="checkbox"/> HLAA3101	A*31:01 for Carbamazepine Hypersensitivity/SJS (Caucasians) includes: • HLA-A*31 high resolution	1 x 8.5 mL ACD-A tube
<input type="checkbox"/> HLAB5801	B*58:01 for Allopurinol Hypersensitivity/SJS includes: • HLA-B medium resolution • HLA-B*58 high resolution, if present	1 x 8.5 mL ACD-A tube

OTHER TESTS:		Specimen Requirements
<input type="checkbox"/> HLALR	Low-Resolution HLA Typing Antigen Requested: _____	1 x 8.5 mL ACD-A tube
<input type="checkbox"/> HLAHR	High-Resolution HLA Typing Antigen Requested: _____	1 x 8.5 mL ACD-A tube

Shipping Information:	Diagnostic and Scientific Centre (DSC) Loading Dock 3520 Research Way NW Calgary, AB T2L 2K5 Tel: (403) 770-3652 Fax: 770-3743	Accession Number:
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