Alberta Health Services

Accession #

Histocompatibility Requisition

Laboratory Medicine and Pathology
Edmonton Zone Laboratory Services
Client Response Centre 780-407-7484

Patient

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

Requester(s)

Requester Name *(last, first)*	Copy to *(last, first)*	**Clinical Information**
Location/Facility/Address and Location Code	Location/Facility/Address and Location Code	
Phone	Phone	
Healthcare Provider ID/Physician Code	Healthcare Provider ID/Physician Code	

Collection

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

Fasting # of hrs

Specimen Type
Blood ☐ Serum ☐ Plasma ☐ Whole blood ☐ m\Microcollection

Urine / Feces ☐ Random ☐ 24 hr
☐ Timed, other _____
Total volume _____
Start time/date _____
Stop time/date _____
Other _____

Bill Type CPL ☐ Alberta Health Care
CCO ☐ Alberta Health Care Third Party
CO ☐ ***Dyna**LIFE*$_{Dx}$
OT ☐ Out of Prov
XX ☐ Pre-paid
PB ☐ Patient Bill
Co. name _____
Address _____
Client # _____

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

HLA Antibody Testing

Drug therapy MUST be provided for all antibody and crossmatch requests:
(check all that apply)
☐ Thymoglobulin ☐ Rituximab
☐ Alemtuzumab ☐ IVIG

Other *(specify)*: _____

Date(s) of therapy: _____

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) _____
Pregnancies ☐ Yes ☐ No ☐ N/A

LAS ☐ Post Tx Testing with Known DSA
Indicate DSA(s): _____

LAS ☐ Graft Dysfunction Tx
Biopsy Proven Rejection
☐ Yes ☐ No ☐ Pending

LAS ☐ Failed Kidney Tx Monitoring
Date of failure: _____

Crossmatches

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

Circle one: Recipient / Donor
Relationship of donor to recipient:
_____

If spouse/partner, indicate any pregnancies with potential donor: _____

If donor, indicate name and ULI of recipient: _____

TBXM ☐ T/B Crossmatch
RTX ☐ Renal T/B Crossmatch
(DDD donor only)

HLA Typing for Transplant

Circle one: Recipient / Donor
HLAAD ☐ HLA Class I/II
(ABC,DRB1,DR345,DQA/B,DPA/B)

Celiac Disease Only

HLADQ ☐ HLA DQ2/DQ8 Typing

Other Disease Association

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. Requesting physician phone number MUST be provided.

HLAAD ☐ HLA Typing
Name of disease _____
Specify HLA antigen/allele requested:
_____

Note: Final locus typed will be decided by HLA lab. Sample will be stored and not tested if clinical information is not provided

Drug Sensitivity

B5701 ☐ HLA B*57:01
(Abacavir hypersensitivity)
HLAAD ☐ Other
Name of drug: _____
Specify HLA antigen/allele requested:
_____

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)

Blood group (ABO): _____

Transfusions (type and quantity):
_____
_____

Transplants (organ(s) and date):
_____
_____

Race: ☐ Indigenous ☐ Black
☐ Asian ☐ Caucasian
☐ Other *(specify)* _____

HLACD ☐ HLA Typing (local donor)

HLASP ☐ Retrieval Specimen
☐ Spleen ☐ Node ☐ Blood

Potential recipients MUST be indicated, if known:

Organ	**Recipient**
☐ Kidney	
☐ Kidney	
☐ Kidney/Pancreas	
☐ Pancreas	
☐ Islet Cell	
☐ Liver	
☐ Heart	
☐ Lung	
☐ Lung	
☐ Small Bowel	

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

Transfusion Reactions

HLAM ☐ TRALI

HLA laboratory hours: Monday – Friday *(excluding stat holidays)* 0700 – 2315hr. For information on sample collection and transport requirements, refer to the Laboratory Services Test Directory available at: www.albertahealthservices.ca/Lab

Please ensure the Histocompatibility Requisition accompanies the specimen(s) collected