|  |  |
| --- | --- |
| **RECIPIENT INFORMATION** | **SPECIMEN INFORMATION** |
| RECIPIENT NAME (LAST, FIRST, MIDDLE)   | ETHNICITY: | * URGENT
 | LAB USE: |
| RECIPIENT SOCIAL SECURITY NUMBER: | RECIPIENT UCM MEDICAL RECORD NUMBER: | SEX:* M
 | * F
 | SPECIMEN TYPE: |
|  DATE OF BIRTH:  | DATE OF LAST TRANSFUSION: | **ICD-10 CODE (Required):****Notice to ordering physician: Medical necessity for the test(s) requested must be indicated by ICD-10 codes.** | ❑ Blood | ❑ Lymph Node | ❑ Spleen | ❑ Other |
| **TRANSPLANT TYPE:****□** Heart  **□** Lung **□** Kidney **□** Liver **□** SM Bowel**□** Bone Marrow **□** Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **❑ PRE-TRANSPLANT TESTS****❑ POST-TRANSPLANT TESTS** | COLLECTION DATE: | TIME: | BY: |
| **OTHER PROCEDURES / INSTRUCTIONS / REASON FOR TEST:** |
| **❑ REJECTION ❑ DYSFUNCTION** | **POST TRANSPLANT DRUG THERAPY:** \_\_ rituximab \_\_ thymoglobulin \_\_ IVIG­\_\_ campath other: \_\_\_\_\_\_\_\_\_\_\_ | **BILLING INFORMATION** |
| UNIVERSITY OF CHICAGO AUTHORIZATION NUMBER: |
| **DONOR INFORMATION** |
| **DONOR NAME /UNOS ID (Required):** | **TRANSPLANT DATE (Required):** | UIC CODE:**MX00217** |
|  |  | Lori BergUniversity Of ChicagoClinical Labs Service Center, MC00065841 S. Maryland Ave TW005Chicago, IL Phone: (773) 702-1316 Fax: (773) 702-9308 |
| **ORDERING PHYSICIAN INFORMATION** |
| **NAME:** | **­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ SIGNATURE:** |
| **Phone #** | **FAX #** |
|  |
| **FAX REPORT TO:** | **MAIL REPORT TO:** | **SEND REQUISITION AND SPECIMENS TO:** |
| University of Chicago Clinical Labs**❑ STAT Notification: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Fax# (773) 702-9308 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | University of Chicago MedicineClinical Labs Service Center5841 S. Maryland Ave. TW005Chicago, IL 60637Phone (773) 702-1316 | UCLA Immunogenetics Center1000 Veteran Avenue, Room 1-308Los Angeles, CA 90095Phone: (310) 206-0258 Fax: (310) 794-5652 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Test No.** | **Test Name** ❑ **STAT** | **INSTRUCTIONS FOR BLOOD DRAW:****STORE SPECIMENS AT ROOM TEMPERATURE****Send samples to be received within 24 h of draw.** |
|   |  | **ANTIBODY IDENTIFICATION** |  |
| ❑ | 310056 | MICA antibody | Adult: 7-10 mL red top tube, whole blood, send ambientPediatric: 3 mL red top tube, whole blood, send ambient |
| ❑ | 310079 | Anti-Angiotensin Type 1 Receptors (AT1R) |
|  |  |  |
|  |  |  **MOLECULAR TYPING** |  |
| ❑ | 250055 | MICA genotype | Adult: 7-10 mL ACD\* tube (yellow top) send ambientPediatric: 3 mL ACD\* tube (yellow top) send ambient |
|  |  |  **CROSSMATCH** |  |
| ❑ | 420060 | Endothelial Cell Crossmatch | Adult: 7-10 mL red top tube, whole blood, send ambientPediatric: 3 mL red top tube, whole blood, send ambient |
| ❑ | 420068 | Donor Specific Precursor Endothelial Cell Crossmatch (XM-One) \* | \*7-10 mL red top tube (**patient)** send ambient\* 4x10 mL ACD tubes(**donor**) send ambient |
|  |  |  **\* NEED PATIENT AND DONOR SAMPLES** |
|  |  |  **\* Must arrive within 2 days, and by 3 pm on Fridays** |
|  |  |  |
|  |  |  |  |
| ❑ | Other |  |  |