

Date } _____



Renal Transplant HLA Testing Requisition Form

HLA Laboratory, Department of Laboratories, Barnes-Jewish Hospital, St. Louis, Missouri 63110
 Phone: (314) 362-5323 Fax: (314) 362-4647 <http://pathology.wustl.edu/patientcare/hlab.php>

ACCOUNT INFORMATION

NAME _____
 ADDRESS _____
 CITY STATE ZIP _____
 PHONE _____

ORDERING PHYSICIAN _____

BILL TO (CHECK ONE):
 Bill - TRNPLT BJH SOLID - BJH RHTO
 RENAL DONOR - BJH DRHTO
 RENAL RECIPIENT - BJH HLARR

COLLECTION TIME _____ AM/PM
 COLLECTION DATE _____ MO DAY YR

BJH REGISTRATION # _____

REGISTERED BY } _____

PATIENT
 PATIENT'S NAME (LAST) (FIRST) (MI) SEX DATE OF BIRTH (MO DAY YR) PATIENT'S SS #
 PATIENT'S ADDRESS CITY STATE ZIP PHONE
 REFERENCE # RACE DIAGNOSIS

RESP. PARTY
PATIENT'S RELATIONSHIP TO RESPONSIBLE PARTY 1-SELF 2-SPOUSE 3-CHILD 4-OTHER
 NAME OF RESPONSIBLE PARTY (IF DIFFERENT FROM PATIENT) INSURED SS# (IF NOT PATIENT)
 ADDRESS OF RESPONSIBLE PARTY APT # DATE OF BIRTH (MO DAY YR)
 CITY STATE ZIP
 MEDICAID # STATE MEDICARE # (INCLUDE PREFIX/SUFFIX) PRIMARY SECONDARY MEDICARE RETIREMENT OR DISABILITY DATE

INSURANCE
 INSURANCE COMPANY NAME PLAN CARRIER CODE
 SUBSCRIBER / MEMBER # LOCATION GROUP #
 INSURANCE ADDRESS PHYSICIAN'S PROVIDER #
 CITY STATE ZIP
 EMPLOYER'S NAME OR NUMBER WORKER'S COMP YES NO

TRANSPLANT DEMOGRAPHICS

This is a
 patient
 donor, for _____
 (please print patient's name)
 Relationship to patient: _____
 Timing: Pre-transplant Post-transplant

Transplant patient sensitization history:
 Blood transfusions YES NO
 Previous transplantation YES NO
 Pregnancies YES # _____ NO
 History of autoimmune disease YES NO
History of therapeutic antibodies that may interfere with crossmatch:
 Rituximab Tocilizumab Daclizumab
 Alemtuzumab Thymoglobulin
 Other: _____

TEST NAME (TRANSPLANT)	TUBE TYPE
Class I DNA Typing (A/B/C)	1 Pink Tube or 1 Large Lavender Tube (EDTA)
Class II DNA Typing (DR/DQ/DP)	1 Pink Tube or 1 Large Lavender Tube (EDTA)
HLA antibody screen by PRA	1 Full Red/Gray Tube
HLA antibody screen by single-antigen	1 Full Red/Gray Tube
Preliminary crossmatch, donor	3 Full ACD tubes from the donor
Final crossmatch, donor	5 Full ACD tubes from the donor
Final crossmatch, recipient	1 Full Red/Gray Tube - 3 Full ACD tubes from the patient
Extra Tubes	# _____ Color _____

For questions please visit <http://pathology.wustl.edu/patientcare/hlab.php> or call HLA lab at (314)362-5323