

# UHN Laboratory Medicine Program Histocompatibility (HLA) Laboratory



**Shipping address: Monday – Friday 8 am -5 pm**

UHN-HLA Laboratory  
200 Elizabeth Street, 11E-444  
Toronto, Ontario M5G 2C4

(P) 416.340.4995  
(F) 416.340.3133

Samples are accepted at this address Monday to Friday 9 am-5pm

*Samples accepted at the UHN Core Lab Specimen Management 3E-347, Mon-Fri 5pm-8am, weekend and holidays.*

## REQUEST FOR CLASS I HLA TYPING AND/OR HLA ANTIBODY SCREENING FOR PATIENTS REFRACTORY TO PLATELET TRANSFUSION

### PATIENT INFORMATION

Name: \_\_\_\_\_ MRN and/or Health Card #: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Diagnosis: \_\_\_\_\_ ABO/Rh: \_\_\_\_\_  
Sex: F  M  Previously transfused: Yes  No

### Please indicate urgency

Routine ( <10 working days)  STAT\* ( 2 working days)

\*Requires HLA Director approval

(Call 416-340-4995 ask for HLA Director on call)

HLA Director name: \_\_\_\_\_

### Referring Hospital/Lab (For GTA Hospitals Only)

Name: \_\_\_\_\_  
Date specimen collected: \_\_\_\_\_  
Specimen ID # or Accession #: \_\_\_\_\_

### Referring Physician

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Reporting:

All reports will be faxed to the Winnipeg Canadian Blood Services Platelet Laboratory.

*If you wish to receive a copy of the report, please provide fax number here:*

\_\_\_\_\_

### Please indicate (✓) testing required

1) HLA Class I Genotyping  2) Alloantibody

SPECIMEN REQUIREMENTS (room temp.):  
5 – 10 mL of anticoagulated blood (EDTA, ACD)

SPECIMEN REQUIREMENTS (room temp.):  
2 – 5 mL of serum or 7-10 ml of clotted blood