

SUNNYBROOK HOSPITAL PATIENT**Princess Margaret Cancer Center –IEC Program
Allogeneic Hematopoietic Stem Cell Transplant****Regional Histocompatibility Laboratory**

*UHN-HLA Laboratory
200 Elizabeth Street, 11E-444
Toronto, Ontario M5G 2C4
416.340.4995 Fax 416.340.3133
Samples are accepted Monday to Friday 9 am-5pm*

Patient/Donor Name:

MRN:

DOB:

Sex:

Patient Information

Draw Date:

Draw Time:

Draw ID:

RECIPIENT HLA TEST BATTERY FOR INITIATION OF A DONOR SEARCH:

- All three samples below are required.
- A formal donor search must be requested by contacting the search donor coordinators at (sctsearch@uhn.ca).

- [] Initial HLA Typing (High resolution all loci) 10 ml blood ACD tube OR Buccal
[] Confirmatory HLA Typing (Int. Resolution HLA-A, B, DRB1) 10 ml blood ACD tube ****MUST BE A SEPARATE DRAW****
[] PRA (anti HLA antibodies) – 10 ml blood, red top tube (no anticoagulant)

Diagnosis _____

RELATED DONOR HLA TYPING:

Choose one option below.

- [] Initial HLA Typing (High Resolution all loci) 10 ml blood ACD tube OR Buccal
[] Confirmatory HLA Typing (Int. Resolution HLA-A, B, DRB1) 10 ml blood ACD tube ****MUST BE A SEPARATE DRAW****
[] Sample for storage only at this time.

Recipient Name: _____ MRN: _____ DOB: _____

Relationship of the Donor to the Recipient: _____

STAND ALONE RECIPIENT HLA TESTING:

Testing will only be done AFTER a donor search has been initiated.

- [] PRA (anti HLA antibodies) ONLY 10 ml blood, red top tube (no anticoagulant).
[] Confirmatory HLA Typing ONLY (Int. Resolution HLA-A, B, DRB1) 10 ml blood ACD tube.

Lab Acc. # _____

Ordering Physician: _____