

**HLA TYPING REQUISITION LHSC REFERRALS TO PMH**



**UHN** Canada's  
Hospital

**Requisition for London ON BMT referral to PMH**

**Regional Histocompatibility Lab**

*UHN-HLA Laboratory*

*200 Elizabeth Street, 11E-444*

*Toronto, Ontario M5G 2C4*

*416.340.4995 Fax 416.340.3133*

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

*Samples are accepted at UHN Core Lab Specimen management 3E-347 all other hours*

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Health  
Card# \_\_\_\_\_

Hospital: \_\_\_\_\_

**Patient Information**

| Patient Information |            |          |
|---------------------|------------|----------|
| Draw Date:          | Draw Time: | Draw ID: |

Please check all that apply:

**RECIPIENT:**

( ) **PRA (anti HLA antibodies) – 10 ml red top tube (no anticoagulant) or 2 ml serum**

( ) **High resolution typing by NGS – 10 ml yellow top tube (ACD) or purple top tube (EDTA) or a Buccal swab**

( ) Buccal swab sample. Write bar codes from packets here: \_\_\_\_\_

*Ship samples same day, between 4°C and Room temperature*

**Diagnosis:** \_\_\_\_\_

Additional Information or  
instructions: \_\_\_\_\_

*Samples are accepted Monday to Friday 9 am-5pm*

**Lab Acc. #** \_\_\_\_\_  
**Program (internal use only)**

**Ordering Physician: For PMH Allo Transplant**