

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

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 <input type="checkbox"/> M <input type="checkbox"/>	Previously transfused: Yes <input type="checkbox"/> No <input type="checkbox"/>

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:

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