

HLA TYPING REQUISITION FOR BUCCAL SWAB SAMPLE



Princess Margaret Hospital Requisition – Bone Marrow Transplant

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 Monday to Friday 9 am-5pm.
For turn-around times, please refer to Transplant Service Agreement

Patient/Donor Name:

MRN:

DOB:

Sex:

Sample Information

Date Buccal
Sample Kit was
sent:

Sample Collection
Time:

Sample Collector
ID/Initials:

Buccal swab collection instructions: Please see page 2.

Please complete RECIPIENT OR RELATED DONOR section below, as appropriate.

Missing information may result in delayed testing and/or rejection of the sample.

☐ **RECIPIENT:** ☐ Check box if initial HLA typing has been done elsewhere.

Diagnosis _____ Ordering Physician: _____

CHOOSE ONE:

- ☐ Standard Transplant Workup
☐ Urgent Transplant Workup (for SCID or Aplastic Anemia)

HLA TYPING request for BUCCAL SWAB SAMPLE*:

- ☐ High resolution typing by NGS, all loci
☐ Intermediate resolution typing by rSSO at HLA-A, B, DRB1
☐ For DNA extraction and storage only, at this time.

☐ **RELATED DONOR:** ☐ Check box if initial HLA typing has been done elsewhere.

Potential Recipient for: _____ Relationship of Donor to the Recipient _____

- ☐ Check here if donor is for a PMH patient and the report is to be sent to both HSC and PMH.

CHOOSE ONE:

- ☐ Standard Transplant Workup
☐ Urgent Transplant Workup

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- ☐ High resolution typing by NGS, all loci
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Lab Acc. #

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