


200 Elizabeth St Toronto Ontario M5G 2C4	UHN HLA Lab Requisition UHN - Solid Organ Transplant		Page 1 of 2
	Document No.: PHL05110A	Version: 2.0 Current	

 UHN Regional Histocompatibility Lab UHN – Solid Organ Transplant <i>UHN-HLA Laboratory</i> 200 Elizabeth Street, 11E-444 Toronto, Ontario M5G 2C4 416.340.4995 Fax 416.340.3133		Name: MRN: DOB: Sex: Attach addressograph here if available.	
Requesting MD:	FAX report to:	ABO group: TGLN #:	
<input type="checkbox"/> Recipient <input type="checkbox"/> KPD <input type="checkbox"/> Research <input type="checkbox"/> Deceased <input type="checkbox"/> Living <input type="checkbox"/> KPD	If KPD provide TR: _____ If KPD provide:TR: _____	Draw Date:	Draw Time:
If donor sample, relationship to Recipient:		Draw ID:	
Medication(s) interfering with testing (check and indicate date of last dose): <input type="checkbox"/> Thymoglobulin (ATG) <input type="checkbox"/> Rituximab (Rituxan®) <input type="checkbox"/> Basiliximab / Dacluzimab <input type="checkbox"/> IVIG Check boxes below to order testing.			
Initial Recipient Workup PRA testing, HLA Typing		Red Top 10 CC (serum): AND Yellow Top 10 CC (ACD):	Note: This will order full Typing and PRA testing.
HLA Typing only		Yellow Top 10 CC (ACD)	To order storage check this box: <input type="checkbox"/> To order specific alleles, enter beneath
PRA / Antibody specificity Testing Choose: <input type="checkbox"/> Quarterly testing for deceased donor waitlist patients <input type="checkbox"/> Post transplant testing <input type="checkbox"/> Other – reason: _____		Red Top 10 CC (serum) Or Frozen Serum (5mL)	
Auto – Crossmatch only		Red Top 10 cc (serum): AND Yellow Top 20 CC (ACD)	
Allo – Flow Crossmatch with Kidney Donor Donor name (if living): _____ Mandatory Donor TGLN# (for all living or DD): _____ Choose: <input type="checkbox"/> VXM <input type="checkbox"/> Initial <input type="checkbox"/> Repeat <input type="checkbox"/> Final Choose: (deceased donor only) <input type="checkbox"/> STAT <input type="checkbox"/> Non-STAT		Yellow Top 50 cc (ACD):	Note: Donor TGLN and Recipient TGLN information is mandatory. 4 tubes of ACD each and 1 clotted on the recipient recommended.
Send Samples at Room Temperature to: UHN-HLA Laboratory 200 Elizabeth Street, 11E-444 (Mon-Fri 8am - 5 pm) TGH Core Lab Specimen Management 3E-347 (Mon-Fri 5pm-8am, weekends and holidays)			
Additional Testing Information or Tests Requested / Questions:			
Patient History: please be as thorough as possible to assist in interpretation		Principal Diagnosis:	
Recent blood transfusion: <input type="checkbox"/> Y <input type="checkbox"/> N Date:		Pregnancy history:	
Is patient desensitized? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> PRA <input type="checkbox"/> ABO <input type="checkbox"/> Both		Plasmapheresis: <input type="checkbox"/> Y <input type="checkbox"/> N Dates(most recent):	
Ordering MD Name:		Requisition filled in by:	
Ordering MD Signature:		Contact number:	

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UHN Regional Histocompatibility Lab

Saint Michael's Hospital – Solid Organ Transplant interpretation:

Initial Recipient Workup	Recipient HLA typing. May be done alone or in combination with crossmatch . If a crossmatch is to be done at the same time, then: <ul style="list-style-type: none"> • Please check Allo – Crossmatch with Kidney Donor • A separate donor sample and requisition must be sent at the same time.
PRA / Antibody Specificity testing	<ul style="list-style-type: none"> • Screens for presence/absence of HLA Ab and gives a PRA result. If HLA Ab are present, single Ag bead testing may be done to determine all the specificities. •
Quarterly PRA testing	For routine quarterly PRA testing for waitlisted KIDNEY patients
HLA Typing	Low resolution HLA A, B, C, DR, DQ, DP Typing. (full typing or selected loci) May be done alone or in combination with crossmatch. Storage of DNA only also acceptable.
Allo – Crossmatch with Kidney Donor	<ul style="list-style-type: none"> • Crossmatch and autocrossmatch as needed, between recipient and selected donor. • Please indicate if sample submitted with this requisition is a donor or recipient sample. • Note separate requisitions needed for donor and recipient. • If donor sample sent alone, crossmatch will be done with most recent recipient serum in lab. • For pre deceased donor crossmatches, please indicate STAT or Non-STAT
STAT Prospective XM for High Risk Deceased Donor Recipient	<ul style="list-style-type: none"> • For High PRA and/or DSA Pos Patients: T and B cell XM on current and peak PRA serum is done and results are available prior to Tx OR. • PRA is done non-stat and reported out after transplant.
Non-STATXM for Low risk Deceased Donor Recipient	<ul style="list-style-type: none"> • For low immunologic risk recipients: T and B cell XM may be performed the next working day along with PRA and reported out post transplant.
Lab will determine the appropriate technique based on patient testing history as a default. Lab may also change technique from the original order if an alternative is felt to be preferable but will discuss with ordering clinician before doing so. Autocrossmatch included for recipient at least once at initial crossmatch.	
You may request testing on current serum sent with requisition but also on prior serum that we have in the lab. Indicate whether pre-transplant or another date serum is to be tested concurrently.	