



**External Testing Request for NON Transplant purpose**

**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*

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

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

OHC#: \_\_\_\_\_

↑ or Affix Addressograph Label Here ↑

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

Please check all that apply:

- HLA A,B,Cw (Class I) Low Resolution<sup>1</sup> Typing
- HLA DR,DQ (Class II) Low Resolution<sup>1</sup> Typing

- HLA – A \_\_\_\_\_ Low Resolution<sup>1</sup> Typing
- HLA – B \_\_\_\_\_ Low Resolution<sup>1</sup> Typing
- HLA – Cw \_\_\_\_\_ Low Resolution<sup>1</sup> Typing
- HLA – DR \_\_\_\_\_ Low Resolution<sup>1</sup> Typing
- HLA – DQ \_\_\_\_\_ Low Resolution<sup>1</sup> Typing

Please indicate if this sample is for :

- A\*29 Birdshot Chorioretinitis
- B\*27 Ankylosing spondylitis; Uveitis
- B\*51 Behcet's Disease
- DRB1\*15:01 / DQB1\*06:02 Narcolepsy - Strong Positive association
- DRB1\*15:02 and DRB1\*01:03 Uveitis with Ulcerative Colitis
- HLA DQB1\*02 DQB1\*08 Coeliac Disease
- DQB1\*02:01 Sjogren's Syndrome
- DQB1\*02:01 Myasthenia gravis
- DRB1\*15:01 - DQA1\*01:02 - DQB1\*06:02 Multiple Sclerosis
- HLA-C\*06 Psoriasis vulgaris
- Other Disease association \_\_\_\_\_

- HLA-B\*57:01 Abacavir
- DRB1\*01:01; Cw\*08:02 Nevirapine
- HLA-B\*15:02; A\*31:01 Carbamazepine (Tegretol)
- HLA-B\*58:01 Allopurinol (predominantly in Han Chinese)
- HLA-B\*38 Sulfamethoxazole (SMX)
- HLA-DRB1\*07; DQA1\*02 Ximelagatran
- HLA-B\*59:01 Methazolamide
- Other Pharmacogenetics \_\_\_\_\_

<sup>1</sup>Please note that high resolution (4-digit) typing will only be performed upon written request. Intermediate resolution separates common alleles within the antigen and yields sufficient resolution for allele identification purposes.

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

Tel #: \_\_\_\_\_

Lab Acc. # \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Send Report to: \_\_\_\_\_ Fax # \_\_\_\_\_

Billing address: \_\_\_\_\_

**HLA Typing Sample requirement:** 10 ml ACD blood (ship same day between 4c and Room temp to above address.)

