



**UHN HLA Lab Requisition for Typing-Lifelabs**

**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		
Date (Y/M/D) Collected:	Time Collected:	Collected By:

Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> HLA A,B,Cw (Class I) Low Resolution <sup>1</sup> Typing | <input type="checkbox"/> HLA – A Low Resolution <sup>1</sup> Typing  |
| <input type="checkbox"/> HLA DR,DQ (Class II) Low Resolution <sup>1</sup> Typing | <input type="checkbox"/> HLA – B Low Resolution <sup>1</sup> Typing  |
| <input type="checkbox"/> HLA A, B, DR Low resolution Typing                      | <input type="checkbox"/> HLA – Cw Low Resolution <sup>1</sup> Typing |
| <input type="checkbox"/> HLA antibody screening (serum required)                 | <input type="checkbox"/> HLA – DR Low Resolution <sup>1</sup> Typing |
| <input type="checkbox"/> HLA B27   | <input type="checkbox"/> HLA – DQ Low Resolution <sup>1</sup> Typing |

Please indicate if this sample is for :

- Transplant     Kidney     Bone marrow (stem cell)
- Disease association \_\_\_\_\_
- Pharmacogenetics \_\_\_\_\_
- Other \_\_\_\_\_

**Transplant Hospital :** \_\_\_\_\_

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

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

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

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

**Additional Comments:** \_\_\_\_\_

**HLA Typing Sample requirement:** 10 ml ACD blood (ship same day between 4c and Room temp.)  
**HLA antibody screening requirement:** 2ml serum or 7 ml clotted blood  
 \*Serum can be frozen and shipped any time. Clotted blood: ship same day between 4c and Room temp.