



UHN Testing Request - NON Transplant purpose

Regional Histocompatibility Laboratory

UHN-HLA Laboratory
 200 Elizabeth Street, 11E-444
 Toronto, Ontario M5G 2C4
 416.340.4995 Fax 416.340.3133

(Phone is for Physician/Program use only)

Patients please contact your Physician/Clinic Office for inquiries

Patient Name: _____

Birthdate: _____ Sex: _____

OHC#: _____

↑ or Affix Addressograph Label Here ↑

Sample Information

Date Collected:	Time Collected:	Collected By:
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Please check which apply **OR** select from the list below:

HLA for External Donors (A,B,Cw,DR,DQ) Low Resolution Typing

- HLA – A _____ Low Resolution Typing
- HLA – B _____ Low Resolution Typing
- HLA – Cw _____ Low Resolution Typing
- HLA – DR _____ Low Resolution Typing
- HLA – DQ _____ Low Resolution Typing

All testing will be performed by molecular methods (RSSO/NGS/RT PCR) at University Health Network-Histocompatibility Laboratory

- | | |
|---|---|
| <input type="checkbox"/> A*29 | Birdshot Chorioretinitis |
| <input type="checkbox"/> B*27 | Ankylosing spondylitis; Uveitis |
| <input type="checkbox"/> B*51 | Behcet's Disease |
| <input type="checkbox"/> HLA-C*06 | Psoriasis vulgaris |
| <input type="checkbox"/> HLA DQB1*02 DQB1*08 | Coeliac Disease |
| <input type="checkbox"/> DQB1*02:01 | Sjogren's Syndrome |
| <input type="checkbox"/> DQB1*02:01 | Myasthenia gravis |
| <input type="checkbox"/> DQB1*06:02 | Narcolepsy - Strong Positive association |
| <input type="checkbox"/> DRB1*15:02 and DRB1*01:03 | Uveitis with Ulcerative Colitis |
| <input type="checkbox"/> DRB1*15:01 - DQA1*01:02 - DQB1*06:02 | Multiple Sclerosis |
| <input type="checkbox"/> Other Disease association _____ | |
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 | |
| <input type="checkbox"/> HLA-A*02:01 by NGS | Tebentefusp |
| <input type="checkbox"/> HLA-B*15:02; A*31:01 | Carbamazepine (Tegretol) |
| <input type="checkbox"/> HLA-B*32:01 | Drug rash and eosinophilia and systemic symptoms(DRESS) |
| <input type="checkbox"/> HLA-B*38 | Sulfamethoxazole (SMX) |
| <input type="checkbox"/> HLA-B*57:01 | Abacavir |
| <input type="checkbox"/> HLA-B*58:01 | Allopurinol (predominantly in Han Chinese) |
| <input type="checkbox"/> HLA-B*59:01 | Methazolamide |
| <input type="checkbox"/> DRB1*01:01; Cw*08:02 | Nevirapine |
| <input type="checkbox"/> HLA-DRB1*07; DQA1*02 | Ximelagatran |
| <input type="checkbox"/> Other Pharmacogenetics _____ | |

Hospital : _____

Tel #: _____

Lab Acc. # _____

Ordering Physician: _____

Send Report to: _____ Fax # _____

Billing address: _____

HLA Typing Sample requirement: 10 ml ACD blood (Ship same day between 4°C and Room temp to above address.)

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