



**Princess Margaret Cancer Center –IEC Program  
Allogeneic Hematopoietic Stem Cell 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*

Patient/Donor Name:

MRN:

DOB:

Sex:

**Patient Information**

Draw Date:

Draw Time:

Draw ID:

**RECIPIENT HLA TEST BATTERY FOR INITIATION OF A DONOR SEARCH:**

- All three samples below are required.
- A formal donor search must be requested by contacting one of the following donor search coordinators Alex Kerr ([Alex.Kerr@uhn.ca](mailto:Alex.Kerr@uhn.ca)), Haley Rutherford ([Haley.Rutherford@uhn.ca](mailto:Haley.Rutherford@uhn.ca)) or Agustina Boriano ([Agustina.Boriano@uhn.ca](mailto:Agustina.Boriano@uhn.ca))

- [ ] Initial HLA Typing (High resolution all loci) 10 ml blood ACD tube
- [ ] Confirmatory HLA Typing (Int. Resolution HLA-A, B, DRB1) 10 ml blood ACD tube **\*\*MUST BE A SEPARATE DRAW\*\***
- [ ] PRA (anti HLA antibodies) – 10 ml blood, red top tube (no anticoagulant)

Diagnosis \_\_\_\_\_

**RELATED DONOR HLA TYPING:**

Choose one option below.

- [ ] Initial HLA Typing (High Resolution all loci) 10 ml blood ACD tube
- [ ] Confirmatory Typing Confirmatory HLA Typing (Int. Resolution HLA-A, B, DRB1) 10 ml blood ACD tube
- [ ] Sample for storage only at this time. **\*\*MUST BE A SEPARATE DRAW\*\***

Recipient Name: \_\_\_\_\_ MRN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship of the Donor to the Recipient: \_\_\_\_\_

**STAND ALONE RECIPIENT HLA TESTING:**

Testing will only be done **AFTER** a donor search has been initiated.

- [ ] PRA (anti HLA antibodies) ONLY 10 ml blood, red top tube (no anticoagulant).
- [ ] Confirmatory HLA Typing ONLY (Int. Resolution HLA-A, B, DRB1) 10 ml blood ACD tube.

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

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