	Unive Unive	h 200 Elizabeth St Toronto Ontario	UHN HLA Lab Requisition SOT-UHN			N	Page 1 of 3		
	Nerw	M5G 2C4	Document No.: PHL05	110A		Version	: 1.1 Current		
	UHN – So UHN-HLA La 200 Elizabeti Toronto, Ont 416.340.499 Samples acce Samples acce (Mon-Fri 5pm-	gional Hist Iid Organ Tran aboratory h Street, 11E-444 fario M5G 2C4 5 Fax 416.340.3 pted at this address	t ocompatibility nsplant 133 Monday to Friday 9 am-5pm ab Specimen Management 3	Lab	Name: MRN: DOB: Sex:	Version	: 1.1 Current		
			TGLN #:						
		[] Living []KP	If KPD provide TR: D If KPD provide:TR:		Draw Date	:	Draw Time:	Draw ID:	
If donor sample					ł			l	
Medication(s) in	-		ndicate <i>date of last dose</i>): mab (Rituxan®)		iliximab / Da	oluzimah			
Check boxes to c	· /	Kituxii						IVIG	
		nt Workup		Red AND	top tube (se)	rum):	10 cc		
	testing, HLA	lyping			ow top tube (ST be hepar		10 cc		
HLA	Typing o	nlv		Yello	ow top tube (ST be hepar	(ACD)	10 cc		
Choo [] G [] F	se: Quarterly test Post transpla		donor waitlist patients		top tube (se	,	10 cc		
					top tube (se	rum):	10 cc		
Auto	o – Crossi	match only		AND Yello) ow top tube ((ACD)	Minimum 20 c	C	
Dor Manc —— Choo	nor name (if l latory Dono se: [] VXM se: (decease	living): r TGLN# (for all li [] Initial [ed donor only)]Repeat []Final	Yello	ow top tube ((ACD):	50 cc		
Send Samp	[]STA les at Room	n Temperature to	STAT	l aborato	rv 200 Eliz	abeth St	reet 11 F- 444	(Mon-Fri 8am -	5 nm)
			H Core Lab Specimen Ma						
Additional Test	ing Information	n or Tests Requeste	d / Questions:						
Patient Histor	y: please be as	thorough as possible to	o assist in interpretation	Principal I	Diagnosis:				
Recent blood to	ransfusion:	[]Y []N	Date:	Pregnanc	y history:				
Is patient deser	nsitized?	[]Y[]N []	PRA []ABO []Both						
Plasmapheresi	s?	[]Y []N	Dates (most recent):						

Full path: Management System\University Health Network\Histocompatibilty\Test Ordering\SOT\ Uncontrolled Copy

University 200 Elizabeth St Health Toronto Ontario	UHN HLA Lab Requisition SC	N HLA Lab Requisition SOT-UHN		
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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: Please check Allo – Crossmatch with Kidney Donor A separate donor sample and requisition must be sent at the same time.
PRA / Antibody Specificity testing	 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.
Allo – Crossmatch with Kidney Donor	 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	 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	• 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 may also change technique from t clinician before doing so. Autocrossmatch included for recipient	nique based on patient testing history as a default. ne original order if an alternative is felt to be preferable but will discuss with ordering at least once at initial crossmatch. rum 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.