

# UHN Laboratory Medicine Program Histocompatibility (HLA) Laboratory



## UHN-HLA Lab

67 College Street, 3-301  
Toronto, Ontario M5G 2M1

Phone: (416) 340-4995  
Fax: (416) 340-3133

Hours of Operation (Mon-Fri) 8AM - 5PM

### REQUEST FOR CLASS I HLA TYPING AND/OR HLA ANTIBODY SCREENING FOR PATIENTS REFRACTORY TO PLATELET TRANSFUSION

#### PATIENT INFORMATION

Name: \_\_\_\_\_ MRN and/or Health Card #: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Diagnosis: \_\_\_\_\_ ABO/Rh: \_\_\_\_\_  
Sex: F  M  Previously transfused: Yes  No

#### Please indicate urgency

Routine ( <10 working days)  STAT\* ( 2 working days)

\*Requires HLA Director approval  
(Call 416-340-4995 ask for HLA Director on call)

HLA Director name: \_\_\_\_\_

#### Referring Hospital/Lab (For GTA Hospitals Only)

Name: \_\_\_\_\_  
Date specimen collected: \_\_\_\_\_  
Specimen ID # or Accession #: \_\_\_\_\_

#### Referring Physician

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

#### Reporting:

All reports will be faxed to the Winnipeg Canadian Blood Services Platelet Laboratory.

If you wish to receive a copy of the report, please provide fax number here: \_\_\_\_\_

#### Please indicate (✓) testing required

1) HLA Class I Genotyping  2) Alloantibody

SPECIMEN REQUIREMENTS:  
5 – 10 mL of anticoagulated blood (EDTA, ACD)

SPECIMEN REQUIREMENTS:  
2 – 5 mL of serum or 7-10 ml of clotted blood

**Shipping requirements:** Room temperature  
Monday – Friday 8am - 5pm