

HEART TRANSPLANT Requisition for HLA Testing

Patient Name: _____ Ordering Physician: _____

Date of Birth: _____ Race: _____ Sex: _____

WVUM MRN: _____ SSN: _____

Diagnosis/Code: _____ Transplant type: **HEART**

Collection Date: _____ Collection Time: _____ Phlebotomist: _____

— **INITIAL PATIENT EVALUATION** (WVUH Epic # LAB123900)

1 RED TOP CLOT TUBE; 10 cc (HLA Antibody testing)

4 ACD YELLOW TOPS; 40 cc (HLA typing)

Note: This includes: HLA Antibody testing Luminex PRA (Class I and Class II) (LAB123999), HLA Antibody testing Luminex SAB (Class I and Class II) (High definition) (LAB123906), and HLA Typing Class I and Class II (LAB123903)— **LUMINEX MONTHLY SERUM SCREENING (PRA) / SERUM STORAGE** (WVUH Epic # LAB123999)

1 RED TOP CLOT TUBE; 10 cc (HLA Antibody testing / Crossmatching)

— **HLA TYPING CLASS I & II** (WVUH Epic # LAB123903)

4 ACD YELLOW TOPS; 40 cc (HLA typing)

— **LUMINEX HIGH DEFINITION (SAB): CLASS I __ CLASS II __** (WVUH Epic # LAB123906)

1 RED TOP CLOT TUBE; 10 cc (HLA Antibody testing / Crossmatching)

— **LUMINEX DSA TESTING—post-transplant patients only** (WVUH Epic # LAB123998)

1 RED TOP CLOT TUBE; 10 cc (HLA Antibody testing)

— **DECEASED (CADAVER) DONOR CROSSMATCH** (Will not be ordered in Epic)

1 RED TOP CLOT TUBE; 10 cc (HLA Antibody testing)

LAB STAFF:

Do not centrifuge

Store at Room Temperature

Ship via Overnight Fed Ex

Please send completed requisition and blood samples to:

- US Mail: Use UN3373 Diamond Label or mark outer package “DIAGNOSTIC SPECIMEN”
- Overnight: UPS or Federal Express – label outer package with UN3373 Diamond Label

**UPMC Tissue Typing Laboratory; CLINICAL LABORATORY BUILDING**
3477 Euler Way Room 4035; Pittsburgh PA 15213;
Phone (412) 647-6151 Fax (412) 647-1755

NOTE: MULTIPLE TESTS MAY BE PERFORMED USING ONE 10 cc RED TOP. TO AVOID DRAWING UNNECESSARY RED TOP TUBES, CALL THE TISSUE TYPING LABORATORY FOR INSTRUCTIONS.