

Tel (937) 461-3295 Fax (937) 461-1958

PATIENT/DONOR INFORMATION			
Name/ID:		DOB:	Sex: Race:
Donor for:/ NA	Relationship to Pt:/ NA	Physician:	Institution:
Diagnosis:		<input type="checkbox"/> Diagnostic	<input type="checkbox"/> HLA Selected Platelets
If Abnormal: % Lymphocyte		<input type="checkbox"/> Organ Transplant	<input type="checkbox"/> Family Study
WBC Count		<input type="checkbox"/> Marrow Transplant	<input type="checkbox"/> Other
Sample Collection	Date:	Time:	Collected by:

MINIMUM SAMPLE REQUIREMENTS		
HLA- B27	10 ml Sodium Heparin <i>DO NOT REFRIGERATE</i>	
DNA Typing	7ml EDTA	
Antibody ID, DSA, EBV	10 ml Plain Red Top (<u>Serum Separator Tubes are NOT acceptable</u>)	
Crossmatch- Flow or CDC	Donor	4-10ml ACD or Sodium Heparin Tubes <i>DO NOT REFRIGERATE</i>
	Recipient	10 ml Plain Red Top
ABO typing	5 ml Plain Red Top or EDTA tube	
Contact Hospital Services (937) 461-7557 for specimen pickups		
Samples will <u>NOT</u> be accepted after <u>12:00 Noon</u> on Fridays without prior approval		
Samples should be received within 24 hours of collection		

TEST REQUESTED	
<input type="checkbox"/> HLA-B27 (701, 729)	<input type="checkbox"/> ABO-Rh type (300)
<input type="checkbox"/> DNA-A,B,C (Class I)(753)	<input type="checkbox"/> DNA-DR,DQ,345 (Class II)(751,723)
<input type="checkbox"/> DNA-DR15,DR16, DQ0602 (754 x 2)	<input type="checkbox"/> DNA-Single Locus- A B C(754) DR(751) DQ(723) DP(784)
<input type="checkbox"/> Class I Antibody ID (702, 735, 726)	<input type="checkbox"/> Class II Antibody ID (702, 735)
<input type="checkbox"/> T Cell CDC Crossmatch (712, 714, 716)	<input type="checkbox"/> B Cell CDC Crossmatch (713, 715, 717)
<input type="checkbox"/> T Cell Flow Crossmatch (760)	<input type="checkbox"/> B Cell Flow Crossmatch (761)
<input type="checkbox"/> Donor Specific Ab (DSA)(702, 735, 741)	<input type="checkbox"/> EBV (770)
<input type="checkbox"/> Other	<input type="checkbox"/> After hours (951) extended(951s)
Comments:	

HLA Laboratory Use ONLY

Received: Date:	Time:	By:	Volume:	Log #:
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