

HLA LABORATORY REQUEST FORM

Orlando Reference Lab:
Phone: 407-226-3824
Fax: 407-226-3830

Lake Park Reference Lab:
Phone: 561-845-2323 ext. 1236
Fax: 561-472-3925

INSTRUCTIONS

1. Patient tubes MUST be labeled with patient's full name, identification number, date drawn and phlebotomist's initials.
2. Fill out the request form completely. Patient information on request form and sample tubes must be the same.
3. Fax the request form and call the Reference Laboratory in your service area to inform the lab of the request for HLA testing or HLA products.
4. Samples are accepted 7 days a week and are not tested on a STAT basis. Requests for HLA typing and HLA antibody screen will only be performed on a routine basis during regular business hours - Monday through Friday 8:00 am – 4:30 pm. (DR typing is referred to an outside laboratory and is not performed at FBC.)

Sample Requirement

HLA typings (A,B: B27: and DR) - two yellow top tubes - ACD (Solution A or B)

HLA Antibody Screen - one red clot tube (1 ml serum required)

* Samples may be stored at room temperature or refrigerated at 4°C.

Hospital/Facility : _____

Hospital Phone Number: _____ Facsimile Number: _____

Requesting Technologist: _____ Date Submitted: _____

Patient Name: _____ Date of Birth: _____ Race: _____ Sex: _____

Medical Record #: _____ SS#: _____ Physician: _____

Clinical Diagnosis: _____

ABORh: _____ WBC count: _____ PLT count: _____

Test Requested: A,B typing and HLA ABS A,B typing only HLA ABS only B27 typing

A,B typing and DR (Request is referred to an outside laboratory.)

Date/Time HLA matched pheresis product needed: _____

Special Instructions: _____

* FBC Staff will be available to search the available platelet pheresis inventory for HLA matched products. FBC cannot guarantee the availability of a HLA matched platelet pheresis product.

