

**LONDON HEALTH SCIENCES CENTRE
TRANSPLANT LABORATORY REQUISITION**

- Routine A.S.A.P. STAT
 IP OP Referred-In

Ordering Physician: _____

Collected By: _____

Date (YYYY/MM/DD) Collected: _____

Time Collected: _____

Specimen Type if other than Blood: _____

NAME: _____

PIN: _____

Birthdate: _____ Gender: _____

OHC#: _____

↑ or Affix Addressograph Label Here ↑

Send report to (if not a LHSC IP or OP): _____

Dialysis Centre: _____

TRANSPLANT RECIPIENT / POTENTIAL RECIPIENT TESTING:

- HLA Antibody Screen (Monthly Serum)
- HLA Donor Specific Antibody (DSA)
- HLA Assessment - Renal Recipient
- HLA Assessment - Non-Renal i.e. Heart Recipient
- HLA Assessment - Liver Recipient
- HLA BM/SC Histocompatibility - Recipient (Bone Marrow/Stem Cell recipient-initial HLA Typing)
- HLA Confirmatory Typing-Recipient (Confirmatory HLA typing for a Bone Marrow/Stem Cell Recipient)
- HLA Serum for Crossmatch LD - Recipient (Crossmatch serum from the Recipient)
- HLA Pre-op Recipient (Pre-op serum for Kidney, Kidney/Pancreas or Heart recipients)
- HLA Pre-op Liver (Pre-op serum and whole blood for Liver recipients)

TRANSPLANT DONOR / POTENTIAL DONOR TESTING:

- HLA Workup Deceased Donor (Deceased Donor Crossmatch and HLA Typing)
- HLA Workup Living Donor Initial (Initial Kidney Living Donor Crossmatch and HLA Typing)
Indicate the Recipient ID (MRN #): _____
- HLA Workup Living Donor Additional/Final (Additional Kidney Living Donor Crossmatch)
Indicate the Recipient ID (MRN #): _____
- HLA Workup Living Donor - Pre-op (Freeze Blood from the Living Kidney Donor)
Indicate the Recipient ID (MRN #): _____
- HLA Freeze PBL (Freeze Blood Cells from the Living kidney donor at times other than Pre-op)
- HLA BM/SC Histocompatibility-Donor (Bone Marrow/Stem Cell Donor-Initial HLA Typing)
Indicate the Recipient ID (MRN #) and relationship to recipient: _____
- HLA Confirmatory Typing - Donor (Confirmatory HLA typing for a Bone Marrow/Stem Cell Donor)

OTHER TESTS:

- HLA Disease Association
Indicate Antigen of interest: _____ and Disease of Interest: _____
- HLA B27 Serology
- HLA B27 Special Order
- HLA Celiac Investigation
- HLA Transfusion Typing (Recipient HLA typing in preparation for receiving HLA matched platelets)
- HLA Transfusion Refractory (Recipient antibody ID in preparation for receiving HLA matched platelets)
- HLA Typing (ABCD)
Indicate purpose of test: _____

Please refer to the Laboratory Test Guide for sample requirements (http://www.lhsc.on.ca/cgi-bin/view_labtest.pl)

Please refer to the Requisition Guide for copies of this form