

IMMUNOGENETICS LABORATORY HSC/BM Services

Laboratory Staffed for Questions 8am – 5pm, Monday – Friday

Recipient HLA Profiles*

- | | |
|---|--|
| <input type="checkbox"/> Allo-recipient | <input type="checkbox"/> HLA phenotype – high resolution: HLA-A, -B, -C, -DRB1, -DRB3,4,5, and –DQB1 |
| <input type="checkbox"/> Auto-recipient | <input type="checkbox"/> HLA-A and –B phenotype – low resolution |
| | <input type="checkbox"/> HLA-C included by request |
| | <input type="checkbox"/> Low resolution HLA-A, -B, and –DR– confirmatory typing |
| <input type="checkbox"/> HLA-DPB1 | <input type="checkbox"/> KIR |
| | <input type="checkbox"/> HLA Antibody Profile |

Donor HLA Profiles*

Intended Recipient _____ Relationship _____

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Related | <input type="checkbox"/> HLA Phenotype – high resolution: HLA-A, -B, -C, -DRB1, -DRB3,4,5, and –DQB1 |
| <input type="checkbox"/> Unrelated | <input type="checkbox"/> HLA-A and –B phenotype – low resolution |
| | <input type="checkbox"/> Reflex to HLA-DRB1 high resolution if 3 -4 antigen match |
| | <input type="checkbox"/> Reflex to HLA-C if 3 antigen match |
| | <input type="checkbox"/> Low resolution HLA-A, -B, and –DR– confirmatory typing |
| | <input type="checkbox"/> DNA extraction and archive only |
| <input type="checkbox"/> HLA-DPB1 | <input type="checkbox"/> KIR |

HLA typing, single locus – High Resolution*

- | | | | |
|-----------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> HLA-A | <input type="checkbox"/> HLA-B | <input type="checkbox"/> HLA-C | |
| <input type="checkbox"/> HLA-DRB1 | <input type="checkbox"/> HLA-DRB3,4,5 | <input type="checkbox"/> HLA-DQB1 | <input type="checkbox"/> HLA-DPB1 |

*Specimen Requirements:

HLA typing, profiles and single locus: 2-3 anticoagulated whole blood (EDTA Lavender-top tubes)
2 buccal swabs (Whatman Omni Swab)

Sample Drawn:

Date _____ Time _____ AM PM

Sample Drawn By: _____

Test Requested By: _____

WBC Count (if available): _____

Send Report To:

Address: _____

Contact Person: _____

If facsimile copy also requested, fax number: _____

Attention To: _____

PATIENT/DONOR INFORMATION

Must match exactly the sample label

Last name

First

MI

Date of Birth

Sex: Male Female