

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*

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Related | Intended Recipient _____ Relationship _____ |
| <input type="checkbox"/> Unrelated | <input type="checkbox"/> HLA Phenotype – high resolution: HLA-A, -B, -C, -DRB1, -DRB3,4,5, and -DQB1 |
| | <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

Send Report To:

Address:

Sample Drawn By:

Contact Person:

Test Requested By:

If facsimile copy also requested, fax number:

WBC Count (if available):

Attention To:

PATIENT/DONOR INFORMATION

Must match exactly the sample label

Last name

First

MI

Date of Birth

Sex: ☐ Male ☐ Female