ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Histocompatibility Requisition

Edmonton Zone Laboratory Services Client Response Centre 780-407-7484
For information on sample collection and transport requirements, refer to the Laboratory Services Test Directory available at:
www.albertahealthservices.ca/Lab

Scanning Label or Accession # *(lab only)*

Patient

PHN Expiry: _____		Date of Birth *(dd-Mon-yyyy)*	
Legal Last Name		Legal First Name	Middle Name
Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone
Address		City/Town	Prov / Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*			Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Address		Phone	Address	Address
CC Provider ID	CC Submitter ID	Legacy ID	Phone	Phone
Clinic Name			Clinic Name	Clinic Name

Collection

Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID

Clinical Information

Recipients

Drug therapy **MUST** be provided for all antibody and crossmatch requests *(check all that apply)*

☐ Thymoglobulin ☐ Rituximab
☐ Alemtuzumab ☐ IVIG

☐ Other _____
Date(s) of therapy _____

☐ HLA Antibody Screening
Type of Organ _____
New transplant workup? ☐ Yes ☐ No
Previous Transplants ☐ Yes ☐ No
If yes, date(s) _____
☐ Pre-transplant OR ☐ Post-transplant testing
If pre-transplant: transfused since last antitibody testing? ☐ Yes ☐ No
Date of transfusion _____
If post-transplant, provide indication for testing:
☐ Graft Dysfunction *(specify below)*
☐ Biopsy rejection proven
☐ Biopsy rejection not proven
☐ Biopsy Pending Date _____
☐ Known DSA
☐ Post Transplant Monitoring
☐ Routine Scheduled Biopsy
☐ Store Only

☐ HLA Typing - Solid Organ
Type of patient _____

☐ HLA Crossmatch - Recipient
Is this a living donor crossmatch? ☐ Yes ☐ No
Connect Care Donor ID _____

☐ Virtual HLA Crossmatch - Recipient
Is this a living donor crossmatch? ☐ Yes ☐ No
Connect Care Donor ID _____

Living Donor

☐ HLA Typing - Solid Organ
Type of patient _____

☐ HLA Crossmatch - Donor
Connect Care Donor ID _____
Recipient Name _____
Recipient ULI/MRN _____

☐ Virtual HLA Crossmatch
Connect Care Donor ID _____
Recipient name _____
Recipient ULI/MRN _____

Deceased Donor

☐ Deceased Donor HLA Typing
Anonymous Donor ID _____
Connect Care Donor ID _____
CTR ID _____
Blood Group (ABO) _____
Sensitization History _____

What organs are being considered?
☐ Kidney _____
☐ Pancreas _____
☐ Kidney/Pancreas _____
☐ Liver _____
☐ Lung _____
☐ Islet _____
☐ Heart _____
☐ Small Bowel _____

☐ Deceased Donor Tissue
Specimen source _____
Anonymous Donor ID _____
Connect Care Donor ID _____
CTR ID _____

For distant donor, HLA and ABO typing MUST be forwarded to the HLA lab

HLA Typing - Non Transplant

☐ HLA Typing - Disease Association
What is the specific disease association query?
☐ Ankylosing Spondylitis (B27)
☐ Birdshot Retinopathy (A29)
☐ Behcet Disease (B51)
☐ Uveitis (other than Birdshot) (A29/B27/B51)
☐ Autoimmune Hepatitis
☐ Celiac (DQ2/DQ8)
☐ Narcolepsy (DQB1*06:02)
☐ Other _____

☐ HLA Typing - Pharmacogenomics
What is the specific pharmacogenomic query?
☐ Abacavir (B*57:01)
☐ Allopurinol (B*58:01)
☐ Carbamazepine (B*15:02) (Asians)
☐ Carbamazepine (A*31:01) (Caucasians)
☐ Other _____

Platelets

☐ Refractory to Platelets - HLA Investigation
What is the 1-hour post transfusion platelet count?
_____

☐ Fetal/Neonatal Alloimmune Thrombocytopenia Investigation
Clinical history _____

☐ HPA Genotyping
Clinical history _____
Is this a paternal sample? ☐ Yes ☐ No
If yes, associated maternal ULI
_____