IMMUNOGENETICS LABORATORY

THE CHILDREN'S HOSPITAL OF PHILADELPHIA
DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE
ROBERT W. DOMS, MD, PhD, PATHOLOGIST-IN-CHIEF

IMMUNOGENETICS CLIENT TEST REQUISITION
FOR INFORMATION CALL 215-590-5648

Specimen (check one)

☐ **Patient Name (Last,First):**

Medical Record #:

Diagnosis / ICD10:

Sex: **M** **F**

D.O.B:

☐ **Donor Name/ID:**

Donor MRN/D.O.B:

Donor for (Patient Name):

Relationship to Patient:

Location:

Requesting Physician/CRNP:

Pager or Phone #:

Name of Collector (Required by Law):

Date and Time of Collection (Required by Law):

STAT **URGENT** **ROUTINE**

ORGAN TRANSPLANTATION

Panel	Test	LIS Code	Test Description	Specimen Requirements
☐			**HLA Kidney Transplant Patient Evaluation:**	
	☐	GPRA	HLA Class I & II Antibody Screen & Identification (PRA)	(1) 5ml Red top
	☐	GLRP	Low Resolution HLA Class I & II Typing (A,B,C,DRB1,DQA1,DQB1,DPA1,DPB1, and DRB3,4,5)	(1) 8.5ml Yellow tops (ACD) OR (1) 4ml Lavender top
	☐	GAFXM	Flow Cytometry Auto-Crossmatch	(1) 5ml Red top and (4) 8.5ml Yellow tops (ACD)
	☐	GFXM	Flow Cytometry Crossmatch	(1) 5ml Red top
	☐	GCXM	Lymphocytotoxicity Auto-Crossmatch	(1) 5ml Red top and (4) 8.5ml Yellow tops (ACD)
☐			**Heart/Lung Transplant Patient Evaluation:**	
	☐	GPRA	HLA Class I & II Antibody Screen & Identification (PRA)	(1) 5ml Red top
	☐	GLRP	Low Resolution HLA Class I & II Typing (A,B,C,DRB1,DQA1,DQB1,DPA1,DPB1, and DRB3,4,5)	(1) 4ml Lavender top (EDTA)
☐			**Donor HLA Typing and Crossmatching Evaluation:**	
	☐	GLRP	Low Resolution HLA Class I & II Typing (A,B,C,DRB1,DQA1,DQB1,DPA1,DPB1, and DRB3,4,5)	(1) 4 mL Lavender top (EDTA)
	☐	GDCOL	Sample Collection for Flow Cytometry Crossmatch	(4) 8.5ml Yellow tops (ACD) OR Lymph Node
	☐	GCXM	Lymphocytotoxicity Crossmatch	(4) 8.5ml Yellow tops (ACD) OR Lymph Node
	☐	GPRA	Pre-Transplant PRA / Post-Transplant DSA	(1) 5ml Red top

HEMATOPOIETIC STEM CELL TRANSPLANTATION (HSCT)

HLA Initial Typing for Hematopoetic Stem Cell Transplantation — (1) 4ml Lavender top OR (6) buccal brushes

☐ **GHRP** **High Resolution HLA Class I and II Typing (A,B,C,DRB1,DQB1,DPB1,DQA1; two field typing)**

Testing Per Locus

Class I
- ☐ High Resolution HLA-A Typing
- ☐ High Resolution HLA-B Typing
- ☐ High Resolution HLA-C Typing

Class II
- ☐ High Resolution HLA-DRB1 Typing
- ☐ High Resolution HLA-DRB345 Typing
- ☐ High Resolution HLA-DQA1 Typing
- ☐ High Resolution HLA-DQB1 Typing
- ☐ High Resolution HLA-DPA1 Typing
- ☐ High Resolution HLA-DPB1 Typing

WBC:_____ Date:_____

HLA Confirmatory Typing for HSCT — (1) 4ml Lavender top OR (6) buccal brushes

☐ GCONF Confirmatory Low Resolution HLA Typing (A,B,DR)

KIR Typing

☐ GKIR KIR Genotyping

ENGRAFTMENT MONITORING

***Pre*-Transplant Comparative Assessment for Engraftment Monitoring (STR)** — (1) 4ml Lavender top OR (6) Buccal brushes

☐ **GEVAL** **Patient/Donor Comparative Assessment**
Patient Pre-Transplant Assessment
Donor Pre-Transplant Assessment

***Post*-HSCT Engraftment Monitoring (STR)**

☐ GENGR Non-enriched — 4ml blood Lavender top OR 4ml bone marrow

Lineage-Specific Enrichments — 2ml blood Lavender top OR 0.5 ml bone marrow (per enrichment)

- ☐ GCD3 T cell Enrichment (CD3+)
- ☐ GCD19 B cell Enrichment (CD19+)
- ☐ GCD56 NK cell Enrichment (CD56+)
- ☐ GMYEL Myeloid Cell Enrichment (CD33+/CD66b+)
- ☐ GMONO Monocyte Enrichment (CD14+)

Transplant Date: _____

Donor Name: _____ **Donor DOB:** _____

HLA DISEASE ASSOCIATION

(1) 4ml Lavender top

- ☐ GB27 Ankylosing Spondylitis - HLA-B27
- ☐ GB57 Abacavir Hypersensitivity - HLA-B*57:01
- ☐ GB15 Carbamazepine Hypersensitivity - HLA-B*15:02
- ☐ GB51 Behcet's Disease - HLA-B5(51,52)
- ☐ GCW6 Psoriasis - HLA-Cw6
- ☐ GCEL Celiac Disease - HLA-DQA1,DQB1
- ☐ GDIAB Diabetes - HLA-DRB1,DQA1,DQB1
- ☐ GNARC Narcolepsy - HLA-DQA1,DQB1
- ☐ Other Disease/HLA-Loci:

v.2019_12_10

†By using and sending this Requisition Form to CHOP Outreach Lab for laboratory testing, you, the sender, acknowledge and agree that you have read and agree to the CHOP Terms and Conditions posted at www.chop.edu/labs and agree to pay CHOP the rates in CHOP's fee schedule in effect on the date the specimen is received.