

**Saskatoon Health Region  
Department of Laboratory Medicine  
Dr. Marc Baltzan Histocompatibility  
(HLA) Laboratory**

St. Paul's Hospital  
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Saskatoon, Saskatchewan S7M 0Z9  
Phone: 306-655-5205 Fax: 306-655-5053

Patient Name \_\_\_\_\_  
PHN \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_ Physician \_\_\_\_\_

Please note there is a separate requisition for Deceased Donor workup and Platelet Immunology.

**THE FOLLOWING INFORMATION MUST BE COMPLETED. ONLY ACCURATELY LABELLED SPECIMENS WILL BE ACCEPTED.**

1. Phlebotomist must positively identify the patient and must sign the requisition and indicate the collection date and time.
2. Both the specimen and requisition must be labeled with patient's first and last name and PHN.
3. All applicable sections must be completed in full, or testing may be delayed or cancelled.

Ordered by: Physician \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

Collected at: Facility \_\_\_\_\_ Facility Phone Number \_\_\_\_\_

Collected by: (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

Identified by: (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

Date of Collection \_\_\_\_\_ Time \_\_\_\_\_

<b>Diagnosis:</b>	Is Autoimmune Disease present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient on immunosuppression therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list therapies:
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**Patient Ethnicity:**  
 Caucasian  Oriental  Hispanic  African  First Nations  Other \_\_\_\_\_

**SOLID ORGAN TRANSPLANT**

**Recipient**  KPD KPD # \_\_\_\_\_  
 Kidney  Kidney-Pancreas  
**Recipient Clinical History**  
 # pregnancies: \_\_\_\_\_ Dates: \_\_\_\_\_  
 # transfusions: \_\_\_\_\_ Date of Last: \_\_\_\_\_  
 Previous transplants:  Yes  No Date of: \_\_\_\_\_  
 **HLA Typing (HLATP)** 2 x 4 mL EDTA (Lavender top)  
 **Kidney Bank Blood (KIDBB)** 1 x 6 mL Serum (plain red top)  
 Pre-transplant specimen  
 Routine post transplant monitoring  
 *Investigation of graft rejection (call if STAT)*  
 **HLA Crossmatch \* (HLAXM)** 1 x 6 mL Serum (plain red top)  
 \* by appointment only & 4 x 8 mL ACD (yellow top)  
 Initial  Final **Must be shipped at 20 - 25 °C**

**Living Donor**  KPD KPD # \_\_\_\_\_  
 Recipient Name: \_\_\_\_\_ PHN: \_\_\_\_\_  
 Relationship to Recipient: \_\_\_\_\_  
 **HLA Typing (HLATP)** 2 x 4 mL EDTA (Lavender top)  
 **HLA Crossmatch \* (HLAXM)** 6 x 8 mL ACD (yellow top)  
 \* by appointment only **Must be shipped at 20 - 25 °C**  
 Initial  Final

**STEM CELL & BONE MARROW TRANSPLANT**

**Recipient**  Initial  Confirmatory  
 **HLA Typing (HLATP)** 2 x 4 mL EDTA (Lavender top)  
 WBC Count (10<sup>9</sup>/mL) \_\_\_\_\_  
 **HLA Antibody Testing (DSA)** 1 x 6 mL Serum (plain red top)  
 \_\_\_ Class I \_\_\_ Class II  
**Donor**  Unrelated  Related  
 Initial  Confirmatory  Buccal swab collection  
 Recipient Name: \_\_\_\_\_ PHN: \_\_\_\_\_  
 Relationship to Recipient: \_\_\_\_\_  
 **HLA Typing (HLATP)** 1 x 4 mL EDTA (Lavender top)

**DRUG SENSITIVITY**

**HLA\*B57:01 (B5701)** 1 x 4 mL EDTA (Lavender top)  
**NOTE: Abacavir Hypersensitivity**

**DISEASE ASSOCIATION**

Suspected HLA disease association: \_\_\_\_\_  
 Name of locus/allele requested: \_\_\_\_\_  
 (HLATP) 1 x 4 mL EDTA (Lavender top)  
 **HLA-B27 (HLA27)** 1 x 4 mL EDTA (Lavender top)  
**Only Rheumatologists and Ophthalmologists may order HLA-B27 unless cleared by HLA Laboratory Director**