

**NOTE: PLEASE REFER TO THE BACK OF THIS REQUISITION FOR SPECIMEN HANDLING INSTRUCTIONS**

**MICHIGAN MEDICINE**

**PATHOLOGY**

Testing / Diagnostic / Screening  
 Requisition - Tissue Typing Laboratory  
 Requisition & Physician Order

MRN:

NAME:

BIRTHDATE:

CSN:

**RESULTS  
 REPORTING  
 LOCATION  
 CODE:**

Routine  STAT ORDER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mm/dd/yyyy)

Bill research account # \_\_\_\_\_

ICD-9 Code/Diagnosis:		Ordering Clinician to receive report: <input type="checkbox"/> See label above	UMHS Dr. #: _____
Collected by:		Attending Physician: (if different from above)	UMHS Dr. #: _____
Collected Date: ____/____/____	Collection Time: ____:____am/pm		

**HISTOCOMPATIBILITY LABORATORY**


Specimen cannot be processed without the information below provided. Testing may be delayed if requisition is not filled out properly.

Send Report to: \_\_\_\_\_

For DONORS, please give Recipient's name and MRN or date of birth \_\_\_\_\_

Relationship to recipient: \_\_\_\_\_ Recipient Diagnosis: \_\_\_\_\_

**ALL SPECIMENS MUST BE DATED.**

Hematopoietic Cell Transplant (txp)	Solid Organ Transplant Circle Patient Type					
<p><b>For Patient samples only, please check the following:</b></p> <p><input type="checkbox"/> <i>This patient has not received a transplant yet</i>  <input type="checkbox"/> <i>This patient has received a transplant</i></p> <p><input type="checkbox"/> <b>New Patient<sup>2</sup></b></p> <p><input type="radio"/> HLA High Resolution Typing I &amp; II 2ACD or 2EDTA (HLHR)  <input type="radio"/> Antibody Screen Mixed 1 Red Top (HLASM)<sup>1</sup></p> <p><input type="checkbox"/> <b>Patient Confirmatory Typing</b></p> <p><input type="radio"/> HLA Typing I &amp; II 1ACD or 1EDTA (HLCT)</p> <p><input type="checkbox"/> <b>Donor Confirmatory Typing</b></p> <p><input type="radio"/> HLA Typing I &amp; II 1ACD or 1EDTA (HLCTD)</p> <p><input type="checkbox"/> <b>New Donor<sup>2</sup></b></p> <p><input type="radio"/> HLA Typing I &amp; II 1ACD or 1EDTA (HLBML)</p> <p><input type="checkbox"/> <b>Autologous PRA<sup>2</sup></b></p> <p><input type="radio"/> Antibody Screen Mixed 1 Red Top (HLASM)<sup>1</sup></p> <p><input type="checkbox"/> <b>Allogeneic PRA<sup>2</sup></b></p> <p><input type="radio"/> Antibody Screen Mixed 1 Red Top (HLASM)<sup>1</sup></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f4a460;"> <th style="width: 15%;">Kidney</th> <th style="width: 15%;">Heart</th> <th style="width: 15%;">Lung</th> <th style="width: 15%;">Liver</th> <th style="width: 15%;">Pancreas</th> </tr> </thead> </table> <p><b>For Patient samples only, please check the following:</b></p> <p><input type="checkbox"/> <i>This patient has not received a transplant yet</i>  <input type="checkbox"/> <i>This patient has received a transplant</i></p> <p><input type="checkbox"/> <b>Donor Specific Antibody Testing, please check the following:</b></p> <p><input type="radio"/> STAT Antibody Specificity Class I and II 1 Red Top (HLAS)<sup>1</sup>  <input type="radio"/> ROUTINE Antibody Specificity Class I and II 1 Red Top (HLAS)<sup>1</sup></p> <p><input type="checkbox"/> <b>New Patient</b></p> <p><input type="radio"/> HLA Typing I &amp; II 1ACD or 1EDTA (HLLR)  <input type="radio"/> Antibody Specificity Class I and II 1 Red Top (HLAS)<sup>1</sup></p> <p><input type="checkbox"/> <b>New Kidney Donor<sup>2</sup></b></p> <p><input type="radio"/> HLA Typing I &amp; II 1ACD or 1EDTA (HLSOD)  <input type="radio"/> HLA Crossmatch FLOW 4ACD (HLCDC)</p> <p><input type="checkbox"/> <b>Living Donor Repeat XM<sup>2</sup></b></p> <p><input type="radio"/> HLA Crossmatch FLOW 4ACD (HLCDC)</p> <p><input type="checkbox"/> <b>Final Pre-Transplant Flow XM with Living Donor<sup>2</sup></b>  <i>Samples from Recipient &amp; Donor are both needed</i></p> <p><input type="radio"/> DONOR HLA Crossmatch FLOW 4ACD (HLCDC)  <input type="radio"/> RECIPIENT HLA Antibody Specificity Class I and II 1 Red Top (HLCPS)<sup>1</sup></p> <p><input type="checkbox"/> <b>Monthly PRA<sup>2</sup></b></p> <p><input type="radio"/> Antibody Screen Class I and Class II 1 Red Top (PRAMO)<sup>1</sup></p> <p><input type="checkbox"/> <b>Other (specify):</b> _____</p> <p><sup>1</sup> Specimens for antibody screening must be collected in a red top or SST tube.  <sup>2</sup> By ordering this test, the clinician acknowledges that additional reflex testing and/or pathologist interpretation will be performed and billed at a separate additional charge if indicated.</p>	Kidney	Heart	Lung	Liver	Pancreas
Kidney	Heart	Lung	Liver	Pancreas		
Disease Association Studies						
<p><input type="checkbox"/> Abavir Hypersensitivity (HLA-B*5701) 1ACD or 1EDTA (ABAC)</p> <p><input type="checkbox"/> Ankylosing Spondylitis (HLA-B27) 1ACD or 1EDTA (ANKYL)</p> <p><input type="checkbox"/> Behcets Disease (HLA-B51) 1ACD or 1EDTA (BEHC)</p> <p><input type="checkbox"/> Bird Shot Retinopathy (HLA-A29) 1ACD or 1EDTA (BSHT)</p> <p><input type="checkbox"/> Carbamazepine Hypersensitivity (HLA-B*1502) 1ACD or 1EDTA (CARB)</p> <p><input type="checkbox"/> Celiac Disease (HLA-DQ2 or DQ8) 1ACD or 1EDTA (CELI)</p> <p><input type="checkbox"/> Narcolepsy (HLA-DQB1*0602) 1ACD or 1EDTA (NARC)</p> <p><input type="checkbox"/> Uveitis (HLA-B27) 1ACD or 1EDTA (UVEI)</p> <p><input type="checkbox"/> Other (specify): _____ 1ACD or 1EDTA (DIS)</p>						
HLA Typing & PRA for Transfusion (txf) Support or Platelets						
<p><input type="checkbox"/> <b>New Patient Txf Support<sup>2</sup></b></p> <p><input type="radio"/> Antibody Screen Mixed 1 Red Top (HLASM)<sup>1</sup></p> <p><input type="checkbox"/> <b>New Patient for Platelet Support<sup>2</sup></b></p> <p><input type="radio"/> HLA Typing I 1ACD or 1EDTA HLC1L  <input type="radio"/> Antibody Screen Mixed 1 Red Top (HLAC1)<sup>1</sup></p> <p><input type="checkbox"/> <b>Update PRA<sup>2</sup></b></p> <p><input type="radio"/> Antibody Screen Mixed 1 Red Top (HLASM)<sup>1</sup></p>						
21-10050	VER: A/19 HIM: 12/19	<b>LABORATORY</b>		<b>Testing / Diagnostic / Screening Requisition - Tissue Typing Laboratory Requisition &amp; Physician Order</b>		

1A  
1B

PROOF 2

8310062488

**SPECIMEN CODES:**

**TUBES**

B = BLUE  
F = FSP  
G = GREEN  
N = NAVY BLUE  
L = LAVENDER  
P = PINK  
R = RED  
S = SST (CORVAC)

**SITE/MATERIAL**

A = AMNIOTIC FLUID  
BF = BODY FLUID  
BM = BONE MARROW  
CSF = SPINAL FLUID  
GA = GASTRIC  
M = MUSCLE TISSUE  
SK = SKIN  
T = TISSUE  
U = URINE

**HANDLING CODES:**

**BLACK REVERSE** = SPECIMENS REQUIRE SPECIAL HANDLING. Refer to on-line handbook, "<http://www.pathology.med.umich.edu/handbook/>"

**BLACK REVERSE ITALICS** = SPECIMENS REQUIRE SPECIAL HANDLING AND A HISTORY AND DIAGNOSIS.

**BLACK BOLD ITALICS** = THESE TESTS REQUIRE A HISTORY AND DIAGNOSIS IN ORDER TO REPORT RESULTS.

**COLOR BOLD ITALICS** = THESE TESTS REQUIRE A SPECIAL CDC OR MDPH HISTORY FORM AVAILABLE IN THE LAB.

\* = THESE TESTS INCLUDE A CONSULTATION AND REQUIRE A HISTORY AND DIAGNOSIS.

PROOF