

Immunology and Histocompatibility Laboratory

University of Minnesota Medical Center

516 Delaware St SE, Room 7-139 Phillips Wangensteen Building, Minneapolis, MN 55455

Phone: 612-273-3100 Fax: 612-273-7036

Sample information

Name:
Date of Birth:
Medical Record Number:
Date of Draw:
Time of Draw:

Collection Information

Collection Performed by:
Facility Name:
Facility Contact Phone number:
Ordering Physician:
Diagnosis or ICD-10 code:

Transplant Type, Circle Type:

Kidney Pancreas Heart Lung Liver Bone Marrow Other

Donor, circle type: Directed Paired Exchange NonDirected Deceased

Potential recipient: Relationship:

UNOS ID:

HLA TYPING

<input type="checkbox"/>	Low resolution: A, B, C, DRB1, DQA, DQB, DRB345, DPA, DPB (<i>SSOSOR/SSOSOD/SSOBMR/SSOBMD</i>)	
<input type="checkbox"/>	High Resolution (Bone Marrow only): A, B, C, DRB1, DQB, DRB345 (<i>SBT12R or SBT12D</i>)	3 mL EDTA
<input type="checkbox"/>	High Resolution (Bone Marrow only): DR/DQ only (<i>SBT2R or SBT2D</i>)	or
<input type="checkbox"/>	HLA B27 Typing	buccal swab
<input type="checkbox"/>	Platelet recipient: Class I typing only (A, B, C) (<i>SSOPLT</i>)	or
<input type="checkbox"/>	Narcolepsy study - Class II typing only (<i>NARCO</i>)	10 mL ACD
<input type="checkbox"/>	Single Antigen typing. Antigen MUST be specified: _____	
<input type="checkbox"/>	Celiac Testing (DQ only) (<i>CELIDQ</i>)	

ANTIBODY TESTING

<input type="checkbox"/>	Antileukocyte Antibody (PRA) IgG (<i>PRAIGG or PRABMR</i>)	Adult: 14 mL red
<input type="checkbox"/>	Donor Specific Antibody - Antileukocyte Antibody (PRA) IgG - Post transplant (<i>PRADSA</i>)	Pediatric: 3 mL red
<input type="checkbox"/>		or
<input type="checkbox"/>		3 mL serum
<input type="checkbox"/>	Flow PRA Screening (<i>PRAFLO</i>)	
<input type="checkbox"/>	Inhibitor Studies (<i>Requires Medical Director Approval</i>)	

CROSSMATCH

<input type="checkbox"/>	Recipient Final Crossmatch -includes Auto Crossmatch (<i>FNLXMR</i>)	14 mL red AND 40 mL yellow (ACD)
<input type="checkbox"/>	Recipient Interim Crossmatch (<i>ITMXMR</i>)	Adult: 14 mL red / Pediatric: 3 mL red
<input type="checkbox"/>	Recipient Auto Crossmatch (<i>ATOXM</i>)	14 mL red AND 30 mL yellow (ACD)
<input type="checkbox"/>	Donor Interim Crossmatch (<i>ITMXMD</i>)	30 mL yellow (ACD)
<input type="checkbox"/>	Donor Final Crossmatch (<i>FNLXMD</i>)	40 mL yellow (ACD)

MISCELLANEOUS

<input type="checkbox"/>	Auto BMR freeze	3 mL EDTA
<input type="checkbox"/>	Pre-Transplant specimen	3 mL EDTA
<input type="checkbox"/>	Special Study (specify): _____	Call Lab