

Immunology/Histocompatibility Laboratory

MHealth Fairview, 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:

Recipient, Circle Type:	<input type="checkbox"/> Kidney <input type="checkbox"/> Pancreas <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Other
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Donor, circle type: Directed Paired Exchange NonDirected Deceased
Potential recipient: _____ Relationship: _____
UNOS ID: _____

HLA TYPING	
<input type="checkbox"/>	Complete Typing (A,B,C,DRB1,DRB3/4/5,DQB1,DQA1,DPB1,DPA1) <i>NGSBMD/NGSBMR/NGSSOD/NGSSOR</i>
<input type="checkbox"/>	Platelet recipient: Class I typing only (A, B, C) <i>NGSPLT</i> 3 mL EDTA
<input type="checkbox"/>	HLA B27 Typing or
<input type="checkbox"/>	Celiac Disease Buccal Swab
<input type="checkbox"/>	Narcolepsy study or
<input type="checkbox"/>	Single Antigen or Allele typing: MUST be specified: _____ 10 mL ACD
<input type="checkbox"/>	
<input type="checkbox"/>	

ANTIBODY TESTING	
<input type="checkbox"/>	Antileukocyte Antibody (PRA) Single Antigen Beads <i>PRAIGG</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"/>	Antileukocyte Antibody (PRA) Screen Beads <i>PRABMR</i> or
<input type="checkbox"/>	
<input type="checkbox"/>	Other (contact laboratory medical director) 3 mL serum
<input type="checkbox"/>	

CROSSMATCH	
<input type="checkbox"/>	Recipient Final Crossmatch <small>-includes Auto Crossmatch <i>FNLXMR</i></small> 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"/>	Special Study (specify): _____ Call Lab
<input type="checkbox"/>	