



Inland Northwest Blood Center

210 W. Cataldo Ave, Spokane, WA 99201

(800) 423-0151 HLA Direct (509) 232-4490/ Fax (509) 232-4528/ www.inbc-saves.org

HLA Laboratory Request Form

Name:	M/F:	DOB: mm/dd/yy	Sample Date: mm/dd/yy
Physician:		Requesting Facility:	<input type="checkbox"/> Stat Testing Contact:

Kidney Transplant Testing

- Pre-Transplant Initial Evaluation:
 - HLA-A,B,C,DR,DQ Low Resolution SSP
 - HLA Antibody Screen
- Patient/Donor HLA-DP/DQA typing if indicated by Luminex screen
- Crossmatch: Donor Name or UNOS #: _____
- Post-Transplant Monitoring:
 - HLA Antibody Screen: FlowPRA I/II
 - HLA Antibody Identification: Luminex*Indications:*
 - Positive HLA antibody screen
 - Pre-transplant sensitization
 - Antibody mediated allograft rejection
 - Pre-transplant desensitization

Heart Transplant Testing

- ABO, Direct/Indirect Coombs HLA-A,B,C,DR,DQ Low Resolution SSP
- HLA Antibody Screen: FlowPRA I/II (reflex to HLA Antibody Identification: Luminex)
- Final Crossmatch: Donor UNOS #: _____
- Post-Transplant HLA Antibody Identification: Luminex
- HLA-DP or HLA-DQA typing (if indicated by Luminex screen)

Other Clinical Testing

- HLA-B27 Low Resolution SSP HLA Antibody Screen: FlowPRA I/II
- HLA-A, B, C Low Resolution SSP HLA Antibody Identification: Luminex
- HLA-DR, DQ Low Resolution SSP HLA-Compatible Platelets
(Testing may include HLA antibody screen, identification and HLA-A, B, C low resolution SSP)
- Specific HLA Antigen: _____

Minimum Sample Requirements: Samples are to be shipped unspun and at room temperature

- HLA-B27 – 10ml ACD-A or 10ml EDTA
- HLA -A,B,C,DR,DQ Low Resolution SSP – 20ml ACD-A
- Crossmatch
 - Adult Patient: 30ml ACD-A + 10ml plain red-top clot tube
 - Pediatric Patient: 10ml ACD-A + 5ml plain red-top clot tube
 - Living Donor: 50ml ACD-A + 10ml plain red-top clot tube
- HLA Antibody Screen and/or Identification – 10 ml plain red-top clot tube
- Matched Platelet Support – 20ml ACD-A and 10 ml plain red-top clot tube