

SAMPLES ARE TO BE SENT TO:

Transplantation Immunology Laboratory
 Hoxworth Blood Center, 5th Floor
 University of Cincinnati Academic Health Center
 Attention: Paul Brailey
 3130 Highland Ave., PO Box 670055
 Cincinnati OH 45267-0055

T1D Requisition

Hospital: _____

Encounter # _____

Test Priority: ☐ **STAT** ☐ Routine

DOB/Age/Sex: _____

Recipient: _____

Donor Name: _____

Diagnosis: _____

MRN: _____

Ordering Physician:

Patient Address: _____

Last: _____ First: _____

Address: _____

City, State, Zip: _____

Service: _____

Person Completing Requisition:

Comments: _____

_____ Date: _____

Phlebotomy: I have drawn this blood specimen, reconciled the label with the patient's wristband and attached the label to the specimen before leaving the patient.

Signature: _____

GENERAL		
X	HABCDRDQ	HLA ABC, DR, DQ HLA PHENOTYPE T25 x 6 10 mL EDTA /
	HPRAC	PRA-HLA AB SCREEN (CYTOTOXIC) T58 10mL Plain Red Top
	HDRPT	DR PHENOTYPE T25 10 mL ACD
	GRAB	GRANULOCYTE AB T65 10mL Plain Red Top
	HDASAB7	HLA DA SPECIFIC ANTIGEN (B7) T25 10 mL ACD or EDTA
	HDASAB51	HLA DA SPECIFIC ANTIGEN (B51) T25 10 mL ACD or EDTA
	HDASADR2	HLA DA SPECIFIC ANTIGEN (DR2) T25 10 mL ACD or EDTA
	HDASADQ6, DQ2, DQ8	HLA DA SPECIFIC ANTIGEN (DQ6, DQ2, DQ8) T25 x 3 10 mL ACD or EDTA
	HDASAA29	HLA DA SPECIFIC ANTIGEN A29 T25 10 mL ACD or EDTA
	HDAOSA	HLA DA OTHER: SPECIFY OTHER ANTIGEN T25 10 mL ACD or EDTA
	HADONAB	ANTI-DONOR ANTIBODY (DONOR SPECIFIC ANTIBODY) T59 10mL Plain Red Top