

SAMPLES ARE TO BE SENT TO:  
**Transplantation Immunology Division**  
**Hoxworth Blood Center**  
**University of Cincinnati Academic Health Center**  
**Attn: Paul Brailey**  
**3130 Highland Avenue, 5<sup>th</sup> Floor**  
**P.O. Box 670055**  
**Cincinnati OH 45267-0055**



## Transplantation Immunology Division

HOSPITAL: \_\_\_\_\_

TEST PRIORITY: \_\_\_\_\_ ROUTINE \_\_\_\_\_ STAT

DIAGNOSIS: \_\_\_\_\_

**ORDERING PHYSICIAN:**

LAST \_\_\_\_\_ FIRST \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**PERSON COMPLETING REQUISITION:**

DATE \_\_\_\_\_

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

Signature: \_\_\_\_\_

FAX REPORTS TO: (\_\_\_\_) \_\_\_\_\_

PATIENT/DONOR NAME: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX:  M  F

MRN: \_\_\_\_\_

SSN (UNOS ID): \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

RELATIONSHIP TO RECIPIENT: \_\_\_\_\_

**If Living Donor Please Complete  
 Recipient Name:**

RECIPIENT	
HRTR	RENAL TRANSPLANT RECIPIENT 40 mL ACD, (2) 7 mL EDTA, 10 mL Plain Red Top
HHTR	HEART TRANSPLANT RECIPIENT 40 mL ACD, (2) 7 mL EDTA, 10 mL Plain Red Top
HLTR	LIVER TRANSPLANT RECIPIENT 40 mL ACD, (2) 7 mL EDTA, 10 mL Plain Red Top
HBMR	BONE MARROW TRANSPLANT RECIPIENT (2) 7 mL EDTA
HPRAC	PRA-HLA ANTIBODY SCREEN – PRE-TRANSPLANT 10 mL Plain Red Top
HDSA	ANTI-DONOR ANTIBODY (DSA) – POST-TRANSPLANT 10 mL Plain Red Top
HAFCCM	AUTOLOGOUS FLOW CYTOMETRY CROSSMATCH 20 mL ACD, 10 mL Plain Red Top
HFCCMR	FLOW CYTOMETRY CROSSMATCH RECIPIENT 10 mL Plain Red Top
HFLDCMR	FINAL LIVING DONOR CROSSMATCH & PRA (RECIPIENT) 10 mL Plain Red Top
HDDOL	SERUM SAMPLE FOR DECEASED DONOR ORGAN LIST 10 mL Plain Red Top
OTHER	WRITE IN:

DONOR	
HRTD	RENAL TRANSPLANT DONOR WORKUP 40 mL ACD, (2) 7 mL EDTA
HLTD	LIVER TRANSPLANT DONOR WORKUP 30 mL ACD, (2) 7 mL EDTA
HBMD	BONE MARROW TRANSPLANT DONOR (2) 7 mL EDTA
HFCCMD	FLOW CYTOMETRY CROSSMATCH DONOR 30 mL ACD
HFLDCMD	FINAL LIVING DONOR CROSSMATCH (DONOR) 40 mL ACD
HRTDB	LIVING DONOR TRANSPLANT BUCCAL SWAB

GENERAL	
HPLTAB	PLATELET & HLA CLASS I ANTIBODY SCREEN 10 mL Plain Red Top
HABTPS	HLA A,B TYPING FOR PLATELET SUPPORT 7 mL EDTA
HPRAC	PRA-HLA ANTIBODY SCREEN 10 mL Plain Red Top
HDADR2	HLA DISEASE ASSOCIATION (DR2) 7 mL EDTA
HDADQ6	HLA DISEASE ASSOCIATION (DQB1 *06:02) 7 mL EDTA
HDAOSA	HLA DISEASE ASSOCIATION OTHER SPECIFY ANTIGEN: _____ 7 mL EDTA
HBMECT	BONE MARROW ENGRAFT. (CHIMERISM TEST) (2) 7 mL EDTA
OTHER	WRITE IN: