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

Hoxworth BLOOD CENTER
UNIVERSITY OF CINCINNATI

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 specimen, 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 AANTIBODY 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** *20mL 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*

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:**