

# Puget Sound Blood Center

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921 Terry Ave, Seattle, WA 98104

## REQUEST FOR TESTING Immunogenetics/HLA and Platelet Immunology Laboratories

Time Received

See the back of this order form for sample requirements. Current test descriptions and CPT codes may be viewed at <http://www.psbcc.org> – open the "Laboratory Services" tab

**IMMUNOGENETICS/HLA LABORATORY** (206) 689-6580 Laboratory Staffed for Questions 7:00 a.m. - 5:00 p.m., Monday - Friday

- 3088-00  Lymphocyte Crossmatch
  - 3088-02  Lymphocyte Crossmatch - **STAT**
  - 3088-03  Lymphocyte Crossmatch - Cytotoxicity Only
  
  - 3084-06  HLA Class I + II (A, B, C, DR,DQ) Typing
  - 3084-00  HLA Class I (A, B, C) Typing
  - 3084-01  HLA Class II (DR, DQ) Typing
  
  - 3083-06  HLA Antibody Detection (unless checked here  a positive result will reflex to HLA Antibody Specificity)
  - 3083-16  HLA Antibody Specificity
  - 3083-17  HLA Antibody Specificity - Monitoring DSA
  - 3083-18  HLA Antibody Specificity - Monitoring DSA- **STAT**
  - 3083-20  Complement fixing HLA Antibody Specificity
  - 3083-21  Complement fixing HLA Antibody Monitoring DSA
  - 3083-22  Complement fixing HLA Antibody Monitoring DSA- **STAT**
  - 3083-19  MICA Antibody
  
  - 3085-00  Specimen Processing/Storage - Serum
  - 3085-01  Specimen Processing/Storage - Lymphocytes
  
  - 3915-07  HLA-A\*02 or A\*02:01(A\*0201) Typing
  - 3082-01  HLA-A\*29 Typing (Birdshot Retinopathy association)
  - 3082-00  HLA-B\*27 Typing (Ankylosing Spondylitis, other arthropathies)
  - 3082-02  HLA-B\*51 (B51,B5) Typing (Behcet's Disease association)
  - 3082-05  HLA-B\*15:02 (B\*1502, B75) Typing
  - 3082-03  HLA-B\*57:01 (B\*5701) Typing (Abacavir hypersensitivity)
  - 3082-04  HLA-B\*58:01 (B\*5801) Typing
  - 3915-31  HLA-DQB1\*06:02 (DQB1\*0602) Typing (Narcolepsy association)
  - 3915-31, 3915-30  HLA-DQB1/DQA1 Typing (Celiac association)
  - 3915-10  High Resolution Typing HLA-A
  - 3915-11  High Resolution Typing HLA-B
  - 3915-12  High Resolution Typing HLA-C
  - 3915-40  High Resolution Typing HLA-DRB1
  - 3915-41  High Resolution Typing HLA-DRB3/DRB4/DRB5
  - 3915-31  High Resolution Typing HLA-DQB1
  - 3915-30  High Resolution Typing HLA-DQA1
  - 3915-21  High Resolution Typing HLA-DPB1 / DPA1
  - 3084-04  MICA Typing
  - 3084-05  KIR Typing
- Other \_\_\_\_\_

**PLATELET IMMUNOLOGY LABORATORY** (206) 689-6543 Laboratory Staffed for Questions 8:00 a.m.- 4:30 p.m., Monday - Friday  
Samples accepted Sunday - Thursday, 24 Hrs/Day, Friday before 10:00 a.m.

- 3630-00  Platelet Alloantibody Workup - Basic (Refractory to Platelet Transfusions)
- 3635-00  Platelet Alloantibody Workup - Advanced
- 3640-00  Platelet Autoantibody Test (ITP Workup)
- 3650-00  Platelet Drug Antibody Test  
Drug \_\_\_\_\_
- 3260-01  ADAMTS 13 Activity
- 3260-02  ADAMTS 13 Inhibitor (test performed if activity level <30%)
- 3260-03  ADAMTS 13 Antibody
  
- 3655-10  Heparin/PF4 IgG ELISA
- 3655-20  Heparin/PF4 IgG ELISA Confirmation
- 3655-00  Heparin Antibody Test-Platelet Factor 4 ELISA (IgG,IgA,and IgM)
- 3660-00  Post-Transfusion Purpura Workup
- 3670-00  Neonatal Alloimmune Thrombocytopenia Evaluation
- 3680-00  Platelet Typing for Single Platelet Antigen
- Other \_\_\_\_\_

NOTE: Information in **BOLD** must be completed.

**COLLECTION DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Drawn By: \_\_\_\_\_

Specimen/Accession No.: \_\_\_\_\_

Diagnosis/Purpose of Testing: \_\_\_\_\_

ICD9 Code: \_\_\_\_\_

History / Comments / Special Instructions: \_\_\_\_\_

**PHYSICIAN or AUTHORIZED PERSON ORDERING TEST:**

\_\_\_\_\_  
*First* *Last*

**SPECIMEN IDENTIFICATION:**

Name on Sample <i>LAST</i> <i>FIRST</i> <i>M.I.</i>		
Hospital Identification Number		
Hospital / Institution		
Social Security Number	Sex (M/F)	Date of Birth (mm/dd/yy)

Contact Person: \_\_\_\_\_  
*Name* *Phone Number*

**SEND REPORT TO:**

**Name** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Send Bill To (unless indicated otherwise, the submitting institution will be billed):

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**If the sample is from an individual other than the affected patient:**

**Patient Name:** \_\_\_\_\_

**Relationship to the Patient:** \_\_\_\_\_

**Completion of the Request for Testing (RFT):**

The RFT must contain all the information that is printed in bold on the RFT: specimen identification, draw date, physician or authorized person ordering the test, to whom to send the report, and if a donor or family member, the intended recipient or affected family member. Identifying a contact person is highly encouraged to facilitate timely resolution of discrepancies and questions. Complete information on sample requirements, CPT codes, and test description, scheduling and reporting can be found on the Laboratory Services tab at <http://www.psb.org>.

**Labeling Samples:** All samples must be properly labeled and information must agree with the identification on the RFT.

- If a specimen is identified by name, there must also be a numeric identifier which may include hospital number, SSN, birth date or other coded identifier.
- A draw date should be on the sample, but the sample will still be accepted if the draw date is on the RFT.

**Transporting Samples:** All samples must be sent to the Blood Center in a sealed, leak proof container marked with a biohazard sticker to comply with OSHA safety standards. Ship at ambient temperature unless otherwise noted.

<b>IMMUNOGENETICS/HLA LABORATORY</b>	<b>Phone: 206-689-6580</b>
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For transplant-related testing: Sample requirements for testing for organ transplantation are available from the transplant coordinators at your center, or at <http://www.psb.org>, or by calling the laboratory at 206-689-6580. Outside of laboratory hours, sample requirements can be obtained from the laboratory's voice mail system.

For HLA typing for all other indications: one 7-10cc ACD (yellow top) or EDTA (lavender top) tube.

<b>PLATELET IMMUNOLOGY LABORATORY</b>	<b>Phone: 206-689-6543</b>
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Samples must be less than 24 hours old.

**Platelet Alloantibody Workup (Basic/Advanced)** – 10cc ACD (yellow top) and 10cc clot (red top).

**Platelet Autoantibody Test (ITP Workup)** – 5cc citrate (blue top) and multiple EDTA tubes (lavender top) depending on the platelet count of the patient (the patient must be transfusion independent for 5 days) as follows:

Platelet Count of Patient	Volume of EDTA-anticoagulated Blood
Over 50,000/ul	20cc
50,000 – 20,000/ul	30cc
20,000 – 10,000/ul	40cc
Under 10,000/ul	Cannot recover sufficient platelets for assay

**Heparin Antibody Test (HIT) - Platelet Factor 4 ELISA** – 5cc citrate (blue top). Send unspun unless it is over the weekend, then spin, freeze plasma at -20°C, and send frozen.

**Post-Transfusion Purpura (PTP) Workup** – 10cc EDTA (lavender top), 10cc citrate (blue top) and 10cc clot (red top).

**Neonatal Alloimmune Thrombocytopenia (NATP) Evaluation** – From the Mother: 20cc EDTA (lavender top) and 10cc citrate (blue top) and 10cc clot (red top). From the Father: 20cc EDTA (lavender top).

**Platelet Typing for Single Platelet Antigen** – 10cc EDTA (lavender top) or ACD (yellow top).

**ADAMTS 13 Protease Activity** – 5cc citrate (blue top). Unless samples are received by the Platelet Laboratory within 4 hours of being drawn, spin the sample, freeze the plasma at -20°C, and send frozen.

**ADAMTS 13 Inhibitor and Antibody Assays**-If ADAMTS-13 protease activity is less than 30%, an evaluation for an antibody will be performed which includes an immunologic assay (ELISA) and a functional assay.

3260-02 ADAMTS-13 Inhibitor Assay  
3260-03 ADAMTS-13 Antibody Assay

For any questions, please call the laboratory (206-689-6543) for specimen requirements or visit <http://www.psb.org>.