

HISTOCOMPATIBILITY TEST REQUEST

See attached information regarding HLA testing order, specimen requirements, methodologies, address, contacts, etc.

SEPARATE FORM MUST BE USED FOR EACH INDIVIDUAL

PATIENT:

Last Name _____ First Name _____

DOB: _____ Gender: _____ Race/Ethnicity: _____

For Lab use only

Diagnosis: _____

Hospital: _____

Physician: _____ Phone: _____ Fax: _____

E-mail for Results: _____

Date of sample collection: ____/____/____

Sensitizing Event(s):

Transfusion: Date ____/____/____

Transplant: Date ____/____/____

Donor ID _____

Pregnancy (#): _____

Indicate any additional information that may affect the HLA test results: _____

POTENTIAL DONOR:

Last Name _____ First Name _____

DOB: _____ Gender: _____ Race/Ethnicity: _____

For Lab use only

Relationship to Patient: _____

Hospital: _____

Physician: _____ Phone: _____ Fax: _____

E-mail for Results: _____

Date of sample collection: ____/____/____

HISTOCOMPATIBILITY TEST REQUEST

PLEASE CHECK TESTS TO BE PERFORMED

MOLECULAR (DNA) TYPING

Platelet Transfusion:

HLA-A and HLA-B

High Resolution Typing:

Initial Typing

Verification Typing

All 11 Loci (HLA-A, -B, -C, -DRB1/3/4/5, -DQA1/DQB1 and DPA1/DPB1)

HLA-A

HLA-B

HLA-C

HLA-DRB1/3/4/5

HLA-DQA1/DQB1

HLA-DPA1/DPB1

OTHER:

Please indicate: _____

Turnaround Time:

Routine (5-10 days)

STAT (Results required no later than) Date: _____

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MOLECULAR (DNA) HLA TYPING GUIDELINES

HLA TESTS		METHODOLOGIES	SPECIMEN REQUIREMENTS
HIGH RESOLUTION	HLA – A HLA – B HLA – C HLA – DRB1/3/4/5 HLA – DQA1/DQB1 HLA – DPA1/DPB1	Next Generation Sequencing (NGS)	Whole Blood: 3 to 5ml in EDTA or ACD (avoid Heparin) Ship in ambient temperature Buccal Swab: a minimal of 4 swabs Ship in ambient temperature Genomic DNA: minimum of 20µg Ship in ambient temperature
LOW-INTERMEDIATE RESOLUTION	HLA – A HLA – B	Sequence Specific Primers (SSP)	Frozen Cells: Must be shipped on dry ice *Each specimen container must be individually labeled

Buccal Swab Collection

See instructions attached to buccal swab collection kit.

HISTOCOMPATIBILITY TEST REQUEST

Histocompatibility (HLA) tests and additional services provided:

- The Fred H. Allen Laboratory of Immunogenetics is certified by Clinical Laboratory Improvement Amendments (CLIA) and New York State Department of Health (NYSDOH), accredited for Histocompatibility testing by the American Society for Histocompatibility and Immunogenetics (ASHI) and the European Federation for Immunogenetics (EFI)
- The Fred H. Allen Laboratory of Immunogenetics employs DNA based methodologies for the detection of Human Leukocyte Antigens (HLA). These include determination of allele assignments by Next Generation Sequencing (NGS) and Sequence Specific Primers (SSP)
- The Fred H. Allen Laboratory of Immunogenetics has the qualification to perform HLA testing for the following:
 - Transplantation
 - Family and unrelated donor screening for transplant matches
 - Patient and potential transfusion donors screening for platelet matches
 - Cord Blood HLA typing
 - Verification of HLA typing for patients, donors and cord blood unit contiguous segment
 - Disease association
 - Vaccine studies
 - Clinical trials
- The Fred H. Allen Laboratory of Immunogenetics provides consultation in:
 - Human Immunogenetics, Histocompatibility and/or Transplantation Immunology
 - The appropriateness of the testing orders to meet the clinical
 - Interpretation of test results

■ Send specimens to the following address:

**New York Blood Center
Fred H. Allen Laboratory of Immunogenetics
45-01 Vernon Blvd.
Long Island City, NY 11101
Phone: 718-752-4717 Fax: 718-707-3770**

■ Key Contacts:

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